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Class _____ *No.* _____

Presented by

J. P. Crozier Griffith, M.D.

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Babyhood

The Mother's Nursery Guide.

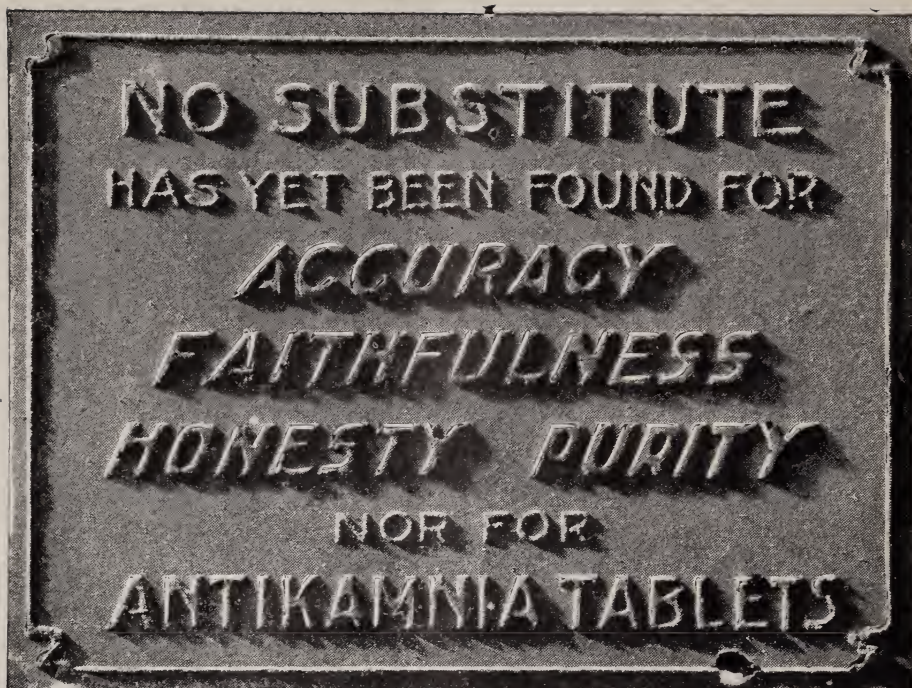
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24 STATE STREET. NEW YORK.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

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No. 278.

Nursery Problems.

Acute Indigestion.

To the Editor of BABYHOOD:

Will you advise me what serious mistake I am making in the diet of my three-and-a-half-year-old boy? He is greatly troubled with indigestion, has an attack once or twice a month, coming on very suddenly and always beginning with pain in his bowels near his left side, followed by vomiting and fever. The pain seems to be caused by gas and is relieved by enemas sooner than by medicines.

The attacks come so suddenly I am unable to take any precaution to ward them off. They last from two to four days and are not so serious as frequent. While my physicians say he will outgrow them he has had them at intervals since he was eighteen months old and no improvement is visible yet. He has always been troubled with constipation till within the last three months, when his bowels became natural and regular, but I can see little change in his attacks. He has never had any other illness except colds and is out of doors constantly, but he eats scarcely anything. He will not even taste of fruit or vegetables and won't eat any of the cereals, but will eat a very little of meat, eggs, milk broths, bread and cocoa, and is fond of sweet potatoes, all of which seem digestible, but as

he has these attacks frequently I fear they are not.

(1) Would you give him a tonic to increase his appetite and then insist upon his eating different foods, and if so what kinds?

(2) Do you think his food too hearty?

(3) Is meat once a day objectionable?

(4) Would juice from pressed meat be better?

AN ANXIOUS MOTHER.

The symptoms described seem to be those of acute indigestion, beginning with colicky manifestations. We cannot say that you are committing any "serious mistake," beyond what is hinted at in your own questions.

(1) If you could be sure that you could make the child eat what you wish there would be no harm in stimulating his appetite.

(2) The food which he eats is pretty largely nitrogenous, which we suppose you mean by hearty. That is to say, he eats meat, eggs, milk, bread and cocoa, getting fat in the milk and cocoa and starch in the

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bread and sweet potato. Whether he has too much depends upon the strict meaning of "a little." But as he does not eat fruit, vegetables or cereals, it does seem that the dietary was too concentrated, and that the addition to it (if the total amount now taken is small) or the substitution for a part of it (if the amount is large) of cereals would be a decided advantage.

(3) Not in moderation.

(4) We think not.

We think that there is probably a personal peculiarity in the case, which is to be accounted for, as the symptoms are beyond what should be expected simply from such a diet. We think that tonics for the digestion could be used to advantage, and that the physician on the spot can probably find some clew to the trouble which does not appear in your letter.

Marasmus.

To the Editor of BABYHOOD:

Will you please tell me what is the nature of the disease marasmus; if it is ever curable and what the treatment is generally—that is, the best treatment?

A FIVE YEARS' SUBSCRIBER.

Marasmus is not the name of a disease, but of a condition. It means simply a wasting of flesh, such as accompanies or follows any prolonged disease. But it has been particularly applied to cases in which the cause of wasting is more or less obscure. Hence it was formerly much used in connection with wasting diseases of childhood, especially such as we now know to be due to insufficient or improper and unas-

similable food, as well as to the wasting of tuberculous children, and it also was sometimes confusedly used for some of the special manifestations of tuberculosis.

Marasmus may or may not be curable, according to the cause. If due only to poor food, it often yields promptly to correction of the dietary and some appropriate medication. If it is due to tuberculosis of the abdominal organs or lungs there is small grounds for hope. The word is little used at the present time by physicians.

The Possible Causes of Persistent Crying; A Probable Case of Eczema.

To the Editor of BABYHOOD:

My baby girl is four months old. She weighed $6\frac{1}{2}$ pounds at birth, now she weighs $11\frac{1}{2}$ pounds. I tried to nurse her for the first three hot months, but was unable to do so through the month of November. She has cried ever since she was born, sometimes from colic and sometimes I have thought that she showed quite a good deal of temper. In September I went into the country with her and there I tried giving her one cow's milk diluted half water and lime water. I stayed two weeks; then when I came back I had to change her milk, and she is now having herd's milk from fourteen cows mixed together—very good milk. While nursing her she cried almost continuously. I eat the best of food, but had a poor appetite and drank a great deal of milk, as one mother in BABYHOOD recommended. I did not enjoy the milk, but drank it for baby's sake. The doctor said there was no need of diluting baby's milk, so now I give it to her undiluted. She doesn't throw any up, but still she cries. She has a great many movements through the day, perhaps eight or nine. She has sores behind her ears. I have used for this trouble hemlock bark and salve and have washed the parts with milk

and water. I have also stopped using lime water, thinking that perhaps that distressed her, as I noticed that when the milk got cold in the bottle there would be lumps formed in the milk. I feed her every two and a half hours, she taking a nursing bottle not quite half full.

(1) Do you think my milk might not have agreed with her?

(2) Is a baby of her age old enough to show temper provided their father and mother each had a good share?

(3) What is your opinion of herd's milk undiluted, also about the lime water?

(4) What can I do for the sores?

(5) Would you advise feeding little and oftener, as some of my neighbors have advised me?

(6) Is her weight good for a baby girl?

AN ANXIOUS MOTHER.

(1) There is nothing for us to judge by, as no symptom is mentioned, previous to your feeding her, except her crying and her "temper." The milk may have disagreed or may have been too scanty. More probably the latter was the cause of the trouble.

(2) Yes, old enough, but colic, indigestion and fright, occasioned by the abrupt movement of attendants, are often set down as temper.

(3) We prefer herd's milk to one cow's milk. We prefer diluted milk for children of average digestion, until they are at least ten months old. The lime water certainly did not distress the child, and we should recommend its continuance. The food should not, in our judgment, contain more than two-thirds of milk, and possibly in view of the disturbance and distress half milk would be enough to begin with. If you fed her every three hours it would be better.

(4) The eczema, as we suppose it

to be, is very largely due to the general condition. If it causes much irritation, dry the irritated places carefully and apply oxide of zinc ointment.

(5) See answer to No. 3.

(6) Her gain since birth is all that you could expect under the circumstances, and is, on the whole, fair.

The Most "Rational" Dress; A Disregard of Printed Directions.

To the Editor of BABYHOOD:

(1) I should very much like to know if there is any "rational" dress for a baby of six months, and if so, where I could see it or procure patterns of it? I do not care at all for the ribbed cotton stays generally sold and have heard that flannel ones are used. What would be their shape?

(2) I have been giving baby Mellin's Food since a fortnight ago. I only put a dessertspoonful of the food with half a pint of milk and water. Is that sufficient for a child of that age? I have been told that if given the full quantity prescribed on the label the baby would be more liable to fits.

A. M. H.

(1) If you will look over the back numbers of the magazine, you will find that BABYHOOD considers the Gertrude suit, made short, the most "rational" dress for a child of six months. According to the season, and the climate where the baby is, the dress should be, if the weather is very cold, a knitted band, two high-necked flannel garments, cut after the form of a "princess" dress—the under one worn next the skin having long sleeves—and the customary slip of cambric. In mild weather, a close merino under vest, high in neck and long in sleeve, with one short-sleeved or rather no-sleeved flannel garment over it, and

a cambric petticoat as well as slip, is a better combination. Patterns for the Gertrude flannels are published by BABYHOOD; but we know of no shops which keep the garments ready-made, although their rapidly increasing popularity will probably soon put them in the market.

We know nothing of the flannel stays you mention; but we prefer the Gertrude suit to any kind of "stays."

(2) In giving any manufactured food it should be given as nearly as possible as directed by the manufacturer. If so given, the article can be judged fairly by its success. We do not believe that it or any other kind of food, for that matter, that is suitable for a baby at all has a tendency to produce fits. If a child has a tendency to convulsions, indigestible food may excite them. But we have never heard of this food exciting fits.

Furs—Walks in Snowtime.

To the Editor of BABYHOOD:

(1) Will you kindly say what you think of a child, a little over two years of age, walking out on the snow? It will be difficult to push her carriage in a country town where the walks are not cleared. Is it well for her to be walking in heavy thaws, if the sun is shining brightly?

(2) What do you think of a child's wearing furs on very cold days, and leaving them off on warmer days? M. O.

(1) If the snow is dry and hard and the feet are well shod, which for a child of two would mean wearing overshoes as well as such shoes as are usually worn at that age, there would be probably no harm if the child kept in motion. But in a sea-coast town

such as yours, hard, dry snow is exceptional, and we should prefer our often-mentioned plan of dressing the child as for out-of-doors and letting it take its air in a sunny, unwarmed room, which has just been freely aired and the windows of which are a little down at the top. In this way the pure outdoor air can be had without a sloppy, chilly footing of melting snow.

(2) The warmth of furs, as ordinarily made up, is so great that to wear and to lay them aside in alternation is too great a change to be safe. We should prefer to do without them altogether, and to have a pair of lighter capes of woollen, or perhaps, still better, a coat with a cape; the latter can be used or not, according to the variations of temperature. We do not recommend the use of fur at all in such moderate climates as yours, not only for the reason given, but on account of the disadvantage of muffling up the throat to such an extent as they usually do.

Meals at Fourteen Months.

To the Editor of BABYHOOD:

My baby boy is fourteen months old. For six months I have fed him every three and a half hours in the daytime and not at all at night. His diet consists now of bread and milk, oatmeal porridge and occasionally a little baked potato, and he is a fat, hearty baby. As there are only my husband and myself besides, it seems difficult to avoid bringing baby to the table for dinner at twelve and supper at half-past five and he always wants to eat when he sees us eat.

(1) If I should feed him at our meal time, would that make the intervals too long or would it do any better to give him a drink of milk and a cracker between meals?

(2) Are oatmeal or soda crackers allowable at his age?

(3) Would the juice of stewed fruits be objectionable to try to overcome constipation?

(4) Ought his milk to be warmed next summer?

MRS. G.

(1) If you cannot arrange anything by which he can amuse himself while you eat, you can let him come to table, if you resolutely determine not to allow him to have tastes of things other than his proper food. He will be better for a drink of milk, with or without the cracker, in the intervals between meals.

(2) Oatmeal crackers, dried in the oven until they are crisp—not re-cooked, only dried—are best on account of the constipation.

(3) They can probably be allowed. Give them at morning or at noon.

(4) Yes; to blood heat.

Ice and Sterilized Milk.

To the Editor of BABYHOOD:

Should sterilized milk be kept on ice? A reply will be appreciated by

SUBSCRIBER.

If milk is properly sterilized and properly closed in the vessel in which it is sterilized, it will need ice no more than will good canned goods. If it is badly sterilized, *i. e.*, not really sterilized at all, or is left unprotected so that it may become attacked by germs, ice will delay the development of these germs just as it does in unsterilized milk.

Hours for Nursing and Bathing.

To the Editor of BABYHOOD:

My baby is three months old, perfectly healthy and sleeps well at night, sometimes for ten hours, nursing without fully wak-

ing. During the day she nurses not oftener than every two hours.

(1) At what hours should she be nursed?

(2) Which is the proper hour for her bath? Is it well to nurse her directly after her bath?

(3) If she chances to be asleep, should she be awakened for her bath or to nurse at the regular hours? If not, would not the whole day's schedule be disarranged?

YOUNG MOTHER.

(1) The hours of beginning the day's routine depend upon a baby's waking, within limits. The hours of nursing for a child of three months are usually about two and one-half hours apart from beginning to beginning of the sucklings, but the interval should be gradually increased so that by five or six months it should be three hours, at which interval it should remain for the rest of the year. Night intervals should be longer, and night feeding, *i. e.*, between adult bedtime and early morning, should be gotten rid of as soon as practicable, by six months if possible, if the child is in good health.

(2) The bath is most conveniently given somewhere about 9 or 10 A. M., but the time can be varied according to family habits. After the bath the child may be suckled if the time has arrived, and then will probably fall asleep. There is no objection to suckling after the bath. The latter should not be a depressing function, but a refreshing one.

(3) It is not necessary to have so sharp a time table as a railroad, and baby's naps may be respected in reason, but she should not be allowed to sleep on indefinitely. "The day's schedule" is very apt to be disarranged by any but the most method-

ical babies, but day by day the struggle to keep up to it must be renewed.

Sea and Mountain Climates.

To the Editor of BABYHOOD:

Your excellent magazine makes us monthly visits, and now I desire to ask it to give its readers some light on the subject of vacation air for babies. Which is best, mountain or seaside; or, in case this depends on baby's constitution, what conditions should have the mountain air and what ones the sea air? I have an impression that mountain air would be preferable in at least a majority of cases. Is this so?

E. L. G.

The question has no "yes or no" answer. We presume your question refers to a summer vacation and not to a brief visit at the present time. Babies generally do well in any place which is healthy, not too hot, and where good food is to be had. The nursing baby should go where its mother thrives best. The weaned baby we usually send to cool, hilly places, because, as a rule, the milk supply is better in such grazing districts than by the seaside, but exceptions exist of course. Avoid malarial places, avoid damp places, and, as a rule, avoid river bottoms if you have any choice. The point whether the mountain or the sea air—as such and aside from the points already raised—will best agree is very hard to determine. The family practitioner who knows the family peculiarities can guess at the answer; but otherwise it often requires several years of experiment to determine which really agrees better with a growing child. Excitable children may thrive beside the sea because of the drowsy effect it often has upon them; on the other hand

its prevalent winds may excite. And so on for a multitude of points. Wherever you go, see that the surroundings of your lodging are wholesome.

Curdled Milk; Night Clothing.

To the Editor of BABYHOOD:

My baby boy is nearly a year old. Being in good health, with a fair supply of milk, I have decided not to wean him entirely until after this winter. He weighed 20 pounds at ten months (weighed $7\frac{3}{4}$ pounds at birth) and comes of small stock, has six teeth and looks the picture of health. I nurse him at 5 A. M., 3:30, 7 and 10:15 P. M. and give him top milk and barley water at 8:30 A. M. and 12:15 P. M. The milk has quite a large proportion of cream, and I mix six tablespoonfuls of milk with three of the barley water, adding a little sugar and a pinch of salt. I live in the country and have my own cow.

What worries and perplexes me is that his movements, though usually of a good color, are almost always mixed with curdled milk, and he has a roughness on his cheeks, due, I judge, to indigestion.

Do I mix his food in the right proportion?

L.

Your plan strikes us as good. The curdled milk may be cream which has acted as a laxative. If curds of casein, you may perhaps get rid of them by using a larger proportion of barley water and skimming only the top third of milk, so as to get rather less casein proportionately.

Enlarged Uvula.

To the Editor of BABYHOOD:

The recent article on "Chronic Enlargement of the Tonsils" prompts me to write asking your advice concerning what seems to be a chronic enlargement of the uvula and soft palate in my little four-and-a-half-year-old son. To this enlargement our local physician attributes the child's inability to speak plainly and his difficult breath-

ing at night. But this same physician assures me the child will outgrow the trouble. The boy is a strong, sturdy child, weighing 46 pounds, and of good height, thoroughly healthy so far as I know. But the slightest cold settles immediately in the uvula, causing the child untold trouble as soon as he lies down, with an almost constant throat cough, which very often results in nausea. His breathing at night is always impeded; his mouth is, at night, usually open and he snores very audibly. Altogether the symptoms are to me distressing, and I turn to you for advice as to what should be done, since it seems to me a case which should not be left for the child to outgrow, if indeed he ever may. M. M. C.

We should advise first the examination of the pharynx to see if there is also an obstruction there besides the enlarged uvula. If there is, it would much better be away. If the pharynx is clear, then we think such a uvula as you describe, which is sufficiently enlarged to impede breathing, should be cut off, even if in time it would shrink, for the boy will suffer damage in the meantime.

Frequency of Nursing

To the Editor of BABYHOOD:

I have noticed that you speak of too frequent nursing injuring a baby. Will you tell me if you think it can be so in the case of my daughter? As a little baby she was very delicate, having one severe sickness after another. We tried food of every sort, but could find nothing to agree with her. When she was five months old, my doctor told me that we must find a wet-nurse for her. At this time she weighed 8½ pounds. She gained a quarter of a pound the first week that she nursed and 1¼ pounds during seven weeks following. Then we decided to change nurses. This last nurse has been with the baby eleven weeks, and during that time she has gained 10 pounds. The doctor tells me that the

milk is second grade, so that the baby should nurse every two hours. It does not seem possible to me that it can be injuring her, as her bowels are perfectly normal; she takes three naps a day and sleeps well at night. She is now nine and a half months old, weighs 20 pounds and is quite the rosiest and merriest specimen of babyhood that it has been my good fortune to see. Will you kindly tell me whether you think it can be injuring her in any way that I would not notice? M. T. A.

It is a good rule not to look for causes of things that we do not know have happened. As you cannot see that your child has been injured in any way, in fact as she seems to you to be very well indeed, it is hardly worth while to worry lest she be injured by too frequent nursing.

All we have said about frequent nursing is usually true. But the art of the practice of medicine lies in applying and adapting to individual cases the general rules which ordinarily are sound. Your physician prescribed for your baby when it was ill a certain course of suckling; her improved condition showed the judiciousness of his advice. You should, we think, if you still have access to him, again inquire if he thinks that, in her present state of health, the frequent nursing is still called for.

Abscess; Sterilizing Milk.

To the Editor of BABYHOOD:

(1) I have a baby three months old who has had two gatherings in his head. Should there be anything done for him?

(2) How long should milk be boiled to be sterilized? A. H. S.

(1) We do not quite understand the question, i. e., whether "in the head" means, as it often does in

popular language, in the nasal cavity, or in the ears, or whether you mean a gathering beneath the scalp. In any case, certainly there should be something done for it.

(2) Milk should be sterilized so long as you are uncertain about its purity. The only object of sterilization is to avoid the dangers resulting from complete or partial spoiling. The time of boiling need be but a few minutes.

Uses of Fat in Foods.

To the Editor of BABYHOOD:

Your kind answer to my queries prompts some more inquiries:

(1) Would any serious difficulty arise from a lack of fat in the food, and what would be its first indication?

(2) Would not a lack of fat be favorable to the good health of a baby who evidently has a strong tendency to excess of flesh?

(3) My youngest has been using a certain food over two months and has been growing large and fat. Is not that an evidence that it is agreeing with her?

E. R. A.

(1) Lack of fat would be a disadvantage just as deficiency of any of the principal elements of food would be. There has been some doubt raised as to whether deficiency of fat is as serious a drawback as other deficiencies, and, perhaps, with the great safeguards we have against loss of heat in warm houses and clothing, the doubt may be well founded. But it is better usually to keep the food as near the theoretical standard as is practicable. There are other uses of fat, as a laxative, for instance, which should not be overlooked.

(2) Fatty food does not much tend to the production of fat in the con-

sumer. The sugars and starches are much more fattening. Your malted milk has this tendency.

(3) Yes, so far as it goes, increase in size is evidence of food agreeing. Growth in stature is a better evidence than simple increase of fat, which last is consistent with poor nutrition in other ways.

Vegetables for the Nursing Mother.

To the Editor of BABYHOOD:

Will you be kind enough to tell me what summer vegetables should be avoided by a nursing mother, whose baby is now four months old?

H. S. D.

Portland, Me.

Only those found to disagree. If you know in advance that they disagree, of course you will avoid them. Most fresh vegetables we think are harmless if the digestion is good. There are exceptions, of course. Many have difficulty with the new potato.

Protruding Ears.

To the Editor of BABYHOOD:

(1) Would you be so kind as to suggest a remedy for my baby's protruding ears? When she was born they were close to her head, but now they stand out and I don't know what to do.

(2) Also kindly advise me how early to give a bottle baby food such as farina, cornstarch, etc.

J.

(1) A close-fitting cap or bandage made to tie snugly over the ears, especially during sleep, has some influence upon the protusion. The compressing band must be so adjusted as not to be unpleasant under the chin. For this reason a baby's cap with inside pads is better. Operative measures (surgical) are sometimes employed, but in our judg-

ment should be called in only in aggravated cases.

(2) If you mean the ordinary farina or cornstarch pudding, which is solid when cold, we think that it is not usually digestible before one and a half years at the earliest.

Winter Dress; The "Dressing" of the Crib.

To the Editor of BABYHOOD:

Will you please give me a little light, in your next issue if possible, on the following questions:

(1) What garments and of what materials do you advise for the winter wear of a baby a year old in January in the climate of northern New York?

(2) Where a flannel night dress is worn, as you recommend, is it better to wear the shirt also, or is the one garment sufficient in the winter time?

(3) How should the crib be dressed? Do you advise sleeping between flannel blankets?
J. H. M. S.

(1) A child of a year should wear, we think, a merino undershirt, high-necked and long-sleeved; a Gertrude flannel garment, without sleeves; a cambric petticoat to protect the flannel from soil, and the customary cambric frock. Add to this, long merino stockings covering the knee, and kept in place by being pinned to the napkins, and soft kid moccasins. The need of a house sacque must be determined by yourself. A knitted band about the abdomen is an excellent precaution against cold, but very many healthy babies do not wear bands, nevertheless.

(2) We think a shirt, under the loose flannel nightgown, is desirable in a northern climate in winter.

(3) BABYHOOD does not quite understand what you mean by the question, "How should the crib be

dressed?" If "dressed" in the sense of decoration is meant, we say promptly, in the simplest possible manner. Unless a crib stands in a specially draughty corner, which, presumably, it does not in your case, there is no utility in curtains beyond their prettiness, while they harbor much dust and many foreign particles which were better away from Baby's lungs. But if curtains must be used, let them be either of such material as may be frequently and readily laundered, or so inexpensive that they may be often changed for new ones.

If by "dressing" is meant merely what bed clothing is desirable, we should say a square of rubber cloth over the mattress, cotton sheets, a quilted pad made of cheesecloth, which is easily washed, for Baby to lie on, a pair of soft blankets, a light weight white counterpane for appearance, and a down quilt outside the counterpane for specially cold nights. The weight of these articles, an important consideration in the covering of infants, is almost the minimum that can be used; while the warmth is all that is necessary for the prevailing winter weather, in your part of the country. Where flannel nightgowns are worn, we do not consider it desirable for any but very young infants to sleep between blankets, unless in case of extraordinary cold.

Outfits for Boys and Girls.

To the Editor of BABYHOOD:

Will you kindly advise me through your correspondence column how to dress a little boy who will be four next spring?

(1) Is he too young for the little flannel trousers under a kilt, and if I choose, could he appropriately wear drawers and petticoats during this winter and next summer?

(2) If he wore the flannel trousers this winter, should they be like the kilt, and what would be worn in place of them with next summer's dresses?

(3) What is the prettiest style of dresses for a little girl of eighteen months?

Portland, Me.

HELENA.

(1) Your little boy is quite old enough to wear flannel trousers under kilt skirts, or, if you prefer, may wear drawers and petticoats for the next year with equal propriety. The size and general appearance of the child may very properly influence the choice of style, as sex is much more marked in the outward appearance of some children than in others.

(2) The flannel trousers come ready-made in three staple colors—dark blue, dark green and brown—and are used with all kinds of kilts, it not being considered necessary that the trousers should match the skirts. In summer, trousers made of linen or piqué are used.

(3) For children of eighteen months—no difference is made on account of sex at this age—both the so-called "Mother Hubbard" style, and the short plain waist, with straight full skirt, are used. The "Mother Hubbard"—a deep yoke and full straight skirt—is equally becoming both to short and to slender figures; whereas the short plain waist is much more becoming to slender figures than to stout ones.

Condensed Replies.

New Reader, Tacoma, Wash.—All the recommendations are clumsy

methods of doing simple things. In most of them the element of heat (a good remedy) is prominent. There is to many a great charm in doing anything in a mysterious way. The tobacco smoke has warmth and the anodyne effect of tobacco, a drug which if strong enough to be effectual is hazardous. The potato and the tin pill box both furnish heat. The laudanum, used with the latter and in the last prescription, is of undoubted efficacy. The camphor or the pepper are likely to make such an irritation as will do more harm than good. Better than all these is a little warm water poured into the ear with a teaspoon and kept warm by a source of heat outside. A hot-water bag is the most convenient thing.

Young Mother, Norristown, Pa.

The nervous symptoms are so marked that we think they deserve the consideration of a good physician experienced in such matters. In deciding as to the exact nature of his attacks one would have to consider not only the "oversensitive temperament," but the possibility of hysteria—of some local cause of the nervous trouble as well as definite nervous disease. Without seeing the child, an opinion would be little better than a guess. Until you can get a real opinion from some good consultant, we should advise his playing with other children but moderately.

S., Pocatello, Idaho.

The milk of a healthy mother is free from harmful germs and adapted in every way to the nourishment of her child. If she be out of health, it will

still in all probability be germ-free, but will be so ill-adapted to the nourishment of the child or so insufficient in quantity that the child will suffer from starvation, which is sometimes so obscure in its manifestations that an expert physician may miss the meaning of its attendant colic, restlessness and even fever. The case is complicated by the fact that some mothers have no true idea of what personal health is, and allege that they are well when they are far from that condition.

M. D., Santa Ana, Cal.

The trouble is a common one and the cause in an individual case has to be sought for. Much of the trouble depends upon the shape and position of the bladder in early life. The need of attention on going to bed and in the night you are already familiar with. Common sources of irritation exciting evacuation of the bladder are pin-worms, and in boys a tight or irritating foreskin. If these causes are active in any case, their removal often causes cure. Feeble children often are benefited in this regard by the use of tonics and bathing of the parts and the hips with cool water to invigorate the tone. The drugs which are especially used for bed wetting are rather potent and ought to be given by a physician, as they cannot be judiciously given by a parent without specific directions suited to the individual.

J. R., Reedsburg, Wis.

The one point is to find out whether there is any source of irritation about the child, which wakes her up. We assume that an overloaded stomach, wet napkins and all common causes

have been thought of. Then consider outside sources of irritation; light in the bedroom; talking or other sounds within her hearing, etc. All these things often exist and of course cease when the mother retires. If you are quite sure that there are no such sources of annoyance, that the waking is only a desire for company, we know of no better way than letting her "cry it out."

M. D., New York City.

In answering the inquiry as to how long a person having a contagious disease can transmit the affection to others, the following generally accepted table may be given:

Measles—From the second day, for three weeks.

Small-pox—From the first day, probably three weeks.

Scarlet fever—At about the fourth day, for six or seven weeks.

Mumps—About three weeks.

Diphtheria—About three weeks on an average, and often as long as the bacillus remains in the discharges, which may be many weeks.

T., Nashua, N. H.

Regurgitation alone is not a sign of indigestion, merely of over-distension of the stomach. The gas does suggest an imperfect digestion. The curds, if light and flocculent, are normal as the result of the action of the gastric juice. If, however, the curds are large and hard, especially if lumpy, they are evidence of an over-action and probably over-acidity of the gastric juice.

D. T., Syracuse, N. Y.

We notice that the child's food has been frequently changed, and that the

selection of the foods seems to have been guided rather by chance than by any definite physiological reason. We think that in your city good medical advice can be easily obtained, and that the thing to do is to have the baby's diet directed by a good medical man who can see the child.

G., Natchez, Miss.

The character of the movements suggests to us a condition of the bowels best remedied by a little judicial medication. Probably a very little attention from a good physician will do far more good than a good deal of domestic practice. We urge you to consult the best physician you know.

F. M., Middletown, Conn.

A decided change in the shape of the head is not likely to occur in a well-nourished child. Since it no longer occurs after sleeping in one position it is probable that the condition is better than before. We know of no real harm, aside from changes of shape in poorly nourished children, likely to occur from sleeping in one position, but if possible, the child should be changed about. It may be done after it has fallen asleep.

D., Swanton, Vt.

There can be no hard and fast rule in nursery discipline, especially in dealing with an infant. Common sense must determine when a baby has cried enough. An intelligent mother will generally distinguish without much difficulty between a cry caused by hunger, discomfort or illness, and one which is simply the expression of dissatisfaction. You do not state how old your baby is, but

an hour seems to us a pretty long time in which to "discipline" a child of presumably less than a year, especially if the lesson has to be repeated.

T. R., Springfield, O.

Trim the nails as smoothly and evenly as possible, not too short, but short enough to prevent their breaking. The skin will not grow over them more than it should. The little film at the root of the nail is not harmful. When the child is older, if the film seems unsightly, it is easily removed.

L. M., Wheeling, W. Va.

He may take that amount without harm as long as he takes a milk food. The purpose of the lime water, however, is especially to render the food neutral or slightly alkaline, as that is the reaction of breast milk. It would, theoretically, therefore, be suitable so long as a child would nurse—say a year. But it is not harmful after that time.

T. R. S., Ypsilanti, Mich.

Besides what you are doing, two things in connection with the food occur to us. First, use less lime water, only using so much as will render the mixture slightly alkaline in reaction with blue litmus paper. Probably a tablespoonful in a bottle will be ample. The litmus paper may be obtained from the apothecary, who will show the method of using it. The next thing is to increase the proportion of cream gradually until the bowels are less constipated, unless the digestion is disturbed by the amount of cream.

M. V., New Britain, Conn.

We do not share your belief. On the contrary, we prefer to keep the

child upon the breast as long as the latter can really contribute in any considerable degree to the child's nutriment, if it be but one or two sucklings a day. Of course, we do not mean that we do this if the breast no longer agrees or cannot satisfy, even for a single meal.

A New Subscriber, Litchfield, Ill.

The normal consistency of an infant's movements is such that it takes no form, much like a soft porridge. Such stools as you describe are not a reason for taking her off the breast, but they are a reason for seeking the cause, and calling a physician if they persist. They are probably due to the irritation of the bowels by retention of matter during the previous constipation, some, perhaps, being still retained. You would better have competent medical advice if the trouble still continues.

G. F. D., Lexington, Va.

We may say that we know of no "specialists" in this line among reputable physicians. Some have studied the parasites of the human body with great care, as a matter of science, but they have promptly put their knowledge at the disposal of the profession.

C. M., Corning, N. Y.

A quart of good food for a child of nine months can be thus made: Of good milk ten ounces (*i. e.*, a half pint and four tablespoonfuls), good cream from milk which has stood in the ice at least six hours, twelve tablespoonfuls, water a pint. Sweeten this with white sugar about four level tablespoonfuls. If this be not sufficiently laxative the amount of cream

can be increased until the desired effect is gained.

W. T., Greensburg, Pa.

We think that a child of nine months is much more likely to do well if its diet is suited to its digestive power. If laxatives are needed more digestible ones should be chosen. Thus a baked sweet apple without sugar, the core and skin being thoroughly removed, is as efficient and safer than the raw apple. Oatmeal gruel, which the child may digest, is better than porridge, which it probably cannot digest. As to sweets, we think that they are likely to do more harm than their laxative value can correct.

C. L., Dover, N. H.

It would appear that your surroundings were satisfactory and not responsible for the catarrhal tendency. Such a tendency undoubtedly is caused by or aggravated by heredity. But very much also depends upon exciting causes. Let us take up the conditions as you put them: Catarrh—that is, nasal or throat catarrh; earache, doubtless dependent upon extension of the catarrhal inflammation from the throat through the Eustachian tube to the middle ear; croupy cough, dependent upon a catarrhal laryngitis, also usually an extension from the pharynx. So the whole comes back to the nose or throat catarrh.

M. T., Germantown, Pa.

Let your choice depend upon the condition of the cows and their stable or pasturage and the care of the milk. Some country dairies are very clean, especially if the milk is sold to milk

dealers, as they often are subject to inspection. Many are dreadfully dirty. See for yourself and act accordingly.

D. T., Great Falls, Mont.

The commonest cause of this trouble in its chronic or recurring form is an enlargement of the glanular body in the posterior nasal cavity, known as the "third tonsil" or as an "adenoid." Catarrhal conditions exist with any such enlargement, but if the latter be present, success in treatment of the catarrh will hardly be gained without the removal of this mass. Such removal is the first and most efficient local remedy. We cannot tell you how to find out the exact causes of the trouble for yourself. A physician familiar with the proper state of the nasal cavities can tell by the use of his finger whether any such obstruction exists. Its removal should be effected by a physician familiar with its operation.

R. L., Raleigh, N. C.

It is, of course, impossible at a distance to determine whether the broken sleep is due to lack of food or to indigestion. If a child wakes, whether hungry or not, it expects as a rule to be filled before going to sleep, but this apparent hunger by no means proves the need of food. Often the discomfort is really due to thirst and would be at least as well relieved by water as by the breast.

B. T., Minneapolis, Minn.

We answer your question rather doubtfully because we are not sure that we know what is meant by "inherited liver troubles." "Liver troubles," "liver complaint" and the

like are popular phrases, probably inherited from the medical speech of previous generations, which now have no definite meaning. We think that they are generally used to express a catarrh of the stomach or upper intestines. But from what you add we suspect that you mean an inability to digest milk without difficulty.

P. R., Newburg, N. Y.

The child seems already to have a pretty liberal diet if you vary the kind of broth. The natural enlargement in the direction of porridges seems to be unsuitable in this case. How about gruels? Try stale bread with butter or with beef juice (squeezed from partly done beef or the red gravy of roast meat). Possibly a soft boiled egg could be borne at breakfast, but we do not see the necessity (nor in view of her evident tendency to digestive troubles the advisability) of much enlargement of the dietary just now. Scraped meats may be used, but they may be delayed until autumn without harm.

Y., Southbridge, Mass.

Weights "dressed" are of no value in taking account of a child's growth unless the weight of the clothing is exactly known. The gain in the three months is five pounds. If the clothing is just the same and the relation to meal time just the same, this gain is baby's gain. If we allow a pound for the clothing, the real baby has increased from 7 to 12 pounds—a satisfactory gain. If the clothing weighs 2 pounds, he has increased from 6 pounds net to 11 pounds net, that is, nearly doubled in three months, fully

enough. Our general rule is that the net weight of a five months' baby is twice its net birth weight.

C. N., Dublin, Tex.

It would appear that the groups of face-muscles connected with the eye and mouth serve as the habitual routes through which the excess of feeling in babies manifests itself. It is in connection with the latter group that we find the explanation of dimples in the cheeks of many babies. Those little depressions, which are considered such marks of beauty, are due to the centering of so many muscles at the angles of the mouth in the plump face of childhood. Your suggestion as to the cause of the "abnormally large dimple" is, permit us to say, wholly fanciful.

T. O., Hamilton, Ill.

It is wise to prevent or cure the foreskin irritation if possible. The best preventives are: Making sure that the parts are thoroughly dry after each passage of urine, and seeing that the tender place is not irritated by any garments. Besides, the use of soothing powder or ointments, of which bismuth powder or zinc ointment are good examples, will tend to heal any existing irritation. It is true that children do usually escape from these night terrors as they grow older, but we would suggest watching carefully for any convulsive movements, and, if noticed, consult the physician again.

A. E., Morristown, N. J.

We have seen cases where a slight rise of temperature persisted for a time, in which no evident cause was present, except the disorders of den-

tition. but we should not consider this a normal dentition. Further, there are some alleged causes, among which are "teething" and "malaria," which are quite too indefinite and far too easily invoked to be admissible until diligent search has excluded more distinct maladies. Whether any such exist in your child's case we do not know. The convalescence from many diseases is marked by a persistent disturbance of the temperature at some time in the day. Lastly, it is well to know when and by whom a thermometer was tested, as it may change with age, registering higher as it becomes older, unless kept a year or two before testing.

M., Denton, Tex.

The methods of preparing "cream food" or "modified" milk, with which the readers of BABYHOOD have been for a long time familiar, give the key to how to increase the proportion of fat in the food of a bottle-fed infant. Except in the case of those children who have a peculiar inability to digest fats, constipation can usually be overcome in a great degree or entirely if the cream made use of be not too thick or greasy.

L. M., Grand Rapids, Mich.

There is no harm in letting the little ones have their nap after their meal. That is what a nursing babe usually takes.—Twenty-six months is not too early to correct any deformity, if you are sure that it exists.

O. D., Laconia, N. H.

Some children younger than one year wear drawers. It is about as easy to begin at one time as another. You should have plenty of them and

not expect the child to tell his wants, but be content with keeping run of the intervals for him till he gradually learns to tell.

S. H. R., Hannibal, Mo.

There are some valuable drugs used in the treatment of scrofula, præeminent among which stands the syrup of the iodide of iron, in doses of 10 to 20 drops well diluted in a wineglass of water after meals. Fowler's solution in 3 to 5 drop doses, well diluted, and gradually increased according to the directions of the physician, is also to be recommended. As to your diagnosis, we should advise that it be confirmed by a physician.

T. O., Duluth, Minn.

Of recent years many dairies have endeavored, and successfully, to produce a cleaner quality of milk. The bottling of milk was the outcome of such attempts. There is, however, nothing to prevent careless or unscrupulous dairymen from bottling milk which is not clean. Very recently the cleanliness has become scientific and, in some degree, imitates the cleanliness of modern surgical procedures. The details by which cleanliness is insured are not just the same in all the best dairies, but the essentials are the same in all.

P., Moscow, Ida.

As you do not mention the age of the infant, we presume you mean the infant of twelve months alluded to in the subsequent questions. At twelve months, one, two or three movements may occur while perfectly normal in character, but we believe that one movement is commoner than more.

S. G., Depere, Wis.

We would suggest that you notice whether your child sleeps with its mouth open—is, in a word, a "mouth breather." A good deal of the restlessness of children arises from obstruction of the posterior nostrils. The mouth has to be kept open, the mouth and throat become dry and wake the child, who may or may not fall asleep again.

C. N., Lima, O.

His dietary is unusual in that it is composed of solid food to a much larger degree than is usual at his age. This, of course, on account of his dislike of milk. His animal food is by so much limited, but partly made good by the egg. By leaving aside theoretical considerations, we note that the child is "strong and well," of fair weight and has gotten his teeth earlier than the average. As you mention no evidence of his not doing well we are obliged to suppose that he gets sufficient food. In practice a dozen children are overfed to one underfed. The time of his nap is as good as any.

P. I., Nebraska City, Neb.

Fir pillows may have some aesthetic value, but they possess no medicinal virtues.

T., Montgomery, Ala.

The selection of the nurse is a matter of great consequence. If possible let her be a graduate of a training school. Her personal qualities—her conscientiousness, gentleness and neatness—are of more consequence, however, than her knowledge. Make sure beforehand that she and her patient understand each other on questions of bathing, ventilation, heat and light.

However highly she may be recommended, it is certain that you will know very little about her until after you have tried her yourself.

S. D., Harrisburg, Pa.

The dietary is very ample already. The child does well to limit her eating at time of teething. When the teeth are through she will, doubtless, again eat well enough to satisfy you. You can make a little variety by substituting mutton for beef, or an egg for meat. The apple is now proper.

L. S., Derby, Conn.

In most cases of enlarged tonsils there are present adenoid growths and it may be necessary to remove these to complete the cure. To render the patient less susceptible to colds and frequent catarrhal attacks, cold baths or regular washing of the chest and body with cold water, and rubbing well with a rough towel, may be recommended. The administering of cod liver oil, of tonics, or syrup of iodide of iron is also suitable for children. Plenty of fresh air and outdoor exercise are advisable under all circumstances.

A. B., Lander, Wyo.

Only the amount proper for a single feeding should be put into the bottle, and the child should not be over half an hour in taking it. Infants should never be allowed to form the habit of sleeping with the nipple in the mouth.

I. T., Hartford, Wis.

If you measure the height in stocking feet and the weight is net, *i. e.*, without clothing, or clothing weight being deducted from gross weight, your child is fully up to the average. We meet with a good many parents

anxious in this respect, and find on inquiry that the source of their worry is that they have mistaken certain gigantesque acquaintances as normal average specimens.

F. T., Middlesboro, Ky.

There are many peculiarities regarding the cabbage group, and we have noticed that for some the raw cabbage excited less eructation than the cooked. Some persons eat cabbage with impunity, others with much distress. Hence, in giving it to a child, each time the result should be noted, such as whether or not flatulence, belching, rising in the throat, etc., occur.

B. Y., Junction City, Kan.

The first article of clothing put on the newly born baby after its bath is almost universally the belly band or binder. This, if of proper width, extending up to the ribs, affords a warm protection to the organs concerned in the important function of food digestion and assimilation. The ordinary flannel band that is pinned behind is objectionable, as there is always danger of its being pinned too tightly. Hence a circular one of elastic woolen materials is to be preferred; this can be knitted or be made of woven woolen, the Jaeger flannel, which can be obtained of different weights, being perhaps the best. The circular band can be used from the first before the navel cord has fallen off. It answers every purpose of warmth and protection to the bowels, and subjects them to no unnatural compression, which is frequently the case with the ordinary flannel binder too tightly pinned.

T., Devil's Lake, N. D.

The symptoms of bronchitis differ much in degree, from a slight cough and indisposition, hardly noticeable, to the difficulty in breathing, the oppressive, suffocating cough and convulsions, which are often present in the acute capillary form. In mild cases, the thermometer in the armpit does not indicate more than 99 degrees; in the severe form the temperature may run up to 103, while the pulse will number 150 beats or more per minute and the respirations be very frequent. A condition such as you describe, whether bronchitis or not, always calls for a physician's advice.

L. M., Borough of Manhattan.

When you change to five meals, you will probably have to increase the quantity in each bottle somewhat, but the gradual increasing of the strength of the food makes the increase in bulk not so great as it otherwise would be.

P. R., Newark, N. J.

The toeing in is the natural position before birth, and perhaps in a slight degree at birth. The tendency to rotate the foot outward is retarded in some children, hence the intoeing continues after they have begun to walk. Coax the feet out with your hand whenever the child is in your lap, and if it persists too long teach her to toe out when she is old enough. All this assumes that the foot is not deformed in any way.

T. H. D., Parkersburg, W. Va.

As to the matter of exercise for the first few weeks little is to be said, excepting words of caution. The child

needs very little exercise at first, and for some days after birth should be left wholly undisturbed and in a somewhat darkened room. It may be taken up a few times a day for a short time, but otherwise ought not to be disturbed. The common custom of lifting, turning, moving and exhibiting the baby on every occasion is to be condemned. Rest and quiet are the needs of baby as well as mother. After the first week the child may be taken up oftener and for longer times. It receives in the motion imparted in carrying it the gentle, swaying motion best suited to its needs, and enough for its needs; but when, as so often is the case, it is pitched in air in the hands or danced upon the knees, the matter of exercise has been carried much too far, and, through the rough jolting, may be the cause of much trouble to the child.

J. P., Dover, Del.

Unlike many other diseases, there is very little difficulty in recognizing mumps when it has once developed. Slight indisposition, with a little fever, followed by pain in the region of the gland, which is aggravated by movements of the jaw, rapidly followed by swelling of the gland, makes a picture which is not easily mistaken. The swelling reaches its height in about three days, remains stationary about two days, when resolution begins, which requires four or five days longer. The only disease with which it may be confounded is a swelling of lymphatic glands in scrofulous children, the history of which and its course would serve to distinguish one from the other.

The Headaches of Childhood.

Children have headache, and it differs materially both in its cause and symptoms from that of adults, popular opinion to the contrary notwithstanding. It used to be the fashion to attempt to "shame" a child out of a headache, and we well remember the look of incredulity with which we were regarded in our younger days when we modestly affirmed that we were suffering from headache, but *nous avons changé tout cela*.

Headache is a symptom of such frequency, and one that precedes and accompanies so many diseases, that to treat of it fully would require more space than is here practicable. The headache of acute disease, such as fevers, inflammatory affections, grippe, etc., will not be considered here, except so far as may be necessary to separate the headache of these disorders from the simpler forms about to be described. Headache pure and simple, unconnected with any other disease, has never seemed to attract the attention its importance demands. Patients rarely get much satisfaction from their physician when they consult him for headache. The subject is either regarded as too trivial to devote much attention to, or previous failures have discouraged the doctor in his attempts to relieve this unfortunate class of beings.

Headache in one form or another is one of the most common ailments of childhood. From its very frequency it ceases to attract attention.

"Oh! a headache; he is used to that." Very little sympathy is wasted on these unfortunates, be they children or adults, and yet it is a grievous affliction and hard to be borne. Few children are believed when they complain of headache. They are generally thought to be malingering. If it happen on Sunday it is called a "Sunday headache" by way of satire, and if on some other day it is an excuse to stay out of school. Judgment is entered against the child and the right of appeal is denied. So much for ignorance on the part of those who ought to know better.

The fads and fashions of modern life exert a wonderful power for evil, and are responsible for much of the headache and "nervousness" of later life. A child needs discipline, but he should at the same time be developed, not dwarfed, by the stiff and arbitrary conventionalities of modern society. Then the high pressure system by which children are pushed and driven from one class to the next in our steam-heated, ill-ventilated, overcrowded school buildings is enough to break down the health of the strongest; what chance, then, have the weaker ones? To all this must be added the excitement and nervous strain begotten of rivalry and competition, no less than the shame and mortification experienced by those who are so unfortunate as not to "pass." And yet the average parent, through pride or ignorance, it is hard to say

which, urges forward his already overtaxed child to still greater exertion that he may have the satisfaction of knowing that his child has distanced his neighbor's; and at what a cost! broken health that perhaps can never be restored.

We know it is claimed by some writers and teachers that the position here taken is incorrect; that hard work never injures any one, man, child or beast, much less tends to impair health or shorten life. This question is not a new one, but it deserves a more rational treatment than it has yet received. The distinction between childhood, with its attendant growth and rapid development and its naturally delicate nervous system, and manhood, with its complete and perfect development, with a nervous system stable and secure, is constantly lost sight of. Work, intellectual or otherwise, *per se* is not a thing of evil. A man or woman, except in a state of slavery, cannot be driven beyond a certain point, but a child is often taxed far beyond his strength. Look at the efforts constantly put forth by philanthropists to curtail the hours of labor of children in factories, etc., by legal enactment. Demands beyond their strength and years as regards physical labor by employers are prohibited by law, and the State protects its children from the greed of corporations and the unnatural feeling of slothful or avaricious parents. But when it comes to overtaxing the mental powers, no hand is raised to stay. The State has no authority, the parents see no necessity, and the teacher has no desire, so long as the child can stand up under the strain.

The palpably absurd idea that children of about the same age all have the same mental endowment, and may be expected to average the same proficiency in their respective classes, is another fallacy so patent that it would seem hardly necessary to mention it. Pupils very unequally matched mentally are expected to do the same work in the same length of time. Is it great wonder, in these circumstances, that some of our children have headache, are nervous, excitable, peevish? That they do not develop physically as they should, and that many grow up to be confirmed neurotics or suffer the rest of their lives from headache in some form?

Varieties.

Medical writers find great difficulty in classifying the different varieties of headache met with in practice. Some extend the list inordinately, others restrict it to three or four groups. Inasmuch as the limits and scope of this article forbid a general and thorough discussion of this extremely common and distressing ailment, we shall not attempt a scientific division or classification. We shall describe three principal varieties and allude to some others in the diagnosis of these three. The first and most easily recognized variety is migraine or "sick headache." The second is dyspeptic headache. The third is the headache of anemia and malnutrition.

Migraine is a French word, which has been adopted by modern writers on nervous diseases to designate a certain variety of headache. The old writers described a form which they termed *hemi-crania*, because the pain was usually limited to one side of the

head. The French word *migraine* has come to be synonymous with it. It is popularly known as "sick headache" and "nervous headache." Bilious headache is a term sometimes applied to this condition, but is a misnomer, as will be shown later on. Great confusion exists regarding this affection, which, from its extreme frequency and the vast amount of suffering it occasions, deserves to be better understood.

Causes.

As in all other troubles, causes are divided into predisposing and exciting. Chief among the former is hereditary influence. We know of no disorder, not excepting consumption, where this is more marked. It "runs in the family." With adults, sex bears a part in the causation, females being considered more susceptible than males, but with children the two sexes are affected about to an equal degree.

Migraine was formerly considered a disease of adult life only, but modern writers hesitate no longer to place it among the diseases of childhood. Many children begin to suffer from characteristic attacks at as early as seven or eight years of age, and we have known cases where there could be no mistaking the malady in children only five years old. It is during the period of bodily development that the first outbreaks of migraine occur, and especially about puberty in both sexes—a critical time in the development of the nervous system. Few cases develop after twenty-five, and it has been stated that if one be not attacked previous to this time he will escape from it the rest of his life.

The exciting causes are numerous,

and vary with different individuals. Among the most prominent are worry, fatigue, excitement of all kinds; exposure to the sun; exposure to cold, as riding in the wind; traveling, especially by boat; and it is to be remarked that some persons are affected in the same manner on the cars or by riding in a carriage. The loss of sleep is also to be reckoned among the exciting causes, and we have observed that too long or too sound sleep, as, for instance, on Sunday mornings, will cause an attack with great regularity, but this regularity can be broken up by rising at the same time on Sunday as on other days. Some authors claim that indigestion and biliousness must be counted as factors. These conditions sometimes exist, but in most cases are only accidental.

Migraine has several remarkable characteristics. Its most striking peculiarity is its paroxysmal character, it cannot be termed periodical, as the attacks recur at irregular intervals with a few rare exceptions. Children form no exception to this rule. Its hereditary nature has been alluded to; of course, it is not meant to be understood that every member of a family suffers, but where not explained by atavism, it will be found to run back several generations. Then the similarity of the attacks soon attracts the attention of the patient himself as well as other members of the family. And lastly are to be mentioned the so-called prodromes, or peculiar premonitory symptoms in connection with vision.

Symptoms of Migraine.

The following description of an attack of migraine is made up from the

records of a large number of cases observed by the writer, and while it must not be expected that all the symptoms enumerated will be found in each individual case, a majority will be found to be present. The attack comes on gradually. Usually on waking or soon after, the patient discovers a deep seated pain in one side of the head, either in the temporal region or over the eyes. This increases hour by hour up to a certain point till it seems almost unbearable, when, after a variable period, it begins to decline, and on a sudden it vanishes. This, however, is not invariably the case; some persons can obtain no relief till after a natural sleep; that is, a night's rest. Migraine occurs at intervals of one or two weeks or longer—sometimes months could be substituted for weeks—and again others suffer from it every few days, for weeks together. As a rule, it observes no regularity or periodicity.

While it is true that with adults migraine almost invariably begins in the morning on waking, it frequently happens that with children it requires a certain exciting cause to develop the attack, such as the excitement of traveling, the motion of a railway coach or a boat, or the mental strain of severe or protracted study at school. This is an important point in discriminating between the various forms of headache in children. The character of the pain is at first dull and boring; but, as it increases in intensity, it becomes more acute, with a feeling of tension, as though the head would burst. Some patients tie a handkerchief tightly around the head to obtain relief. During the height

of the attack many persons compare the pain to a nail being driven into the skull. Lying down affords some relief, but the chief reason for doing so is usually the feeling of prostration which the intense pain causes, along with the persistent nausea; when vomiting occurs, this causes still further relaxation and distress. The eyes are sometimes congested and watery. Light and sound to some are almost unbearable. In most cases the feet will be found to be cold, the patient sometimes complaining of this symptom. The hands, too, are cold and the face pale. The pallor in some cases is very marked, especially of the forehead, which often is as white as marble. Chilly feelings are also experienced, and if lying down, the patient desires to be well covered with blankets, even in warm weather. The pulse is slow and feeble; there is *no fever*. The appetite is completely abolished. The sight and smell of food often give rise to nausea, and if food be taken, it invariably adds to the distress. A few patients obtain more or less relief from vomiting, but children rarely reach this stage, though many have nausea. The nausea in some cases is terrible, causing great prostration and loss of muscular strength. An attack of paroxysm lasts, in an adult, from five hours to two or three days; few cases, however, continue so long as this; nine hours is about the average length of a paroxysm. With children, in perhaps half the cases met with, the attacks are shorter, since they frequently do not come on till later in the day as the result of some exciting cause, and migraine rarely runs over

to the next day. A good night's sleep in most cases is curative. Between the attacks the patient is quite well, as far as the headache is concerned, and in a large proportion of cases the general health is excellent.

We now have to notice the so-called prodromes. These consist chiefly of certain disorders of vision, such as hemiopia, which means ability to see only half of an object. In other cases colored balls appear and move away before the patient, almost always on one side. In still other cases the patient sees bright specks floating before the eyes and fiery zigzags. Some writers lay great stress on these peculiar manifestations, but we think undue prominence has been given them. That they do occur no one will dispute, but they are by no means as frequent as some would have us believe. It is obviously not reasonable to expect a young child to accurately describe symptoms of this character, and, moreover, it is well known that a child may be led by suggestion to imagine that he suffers from the most diverse subjective symptoms.

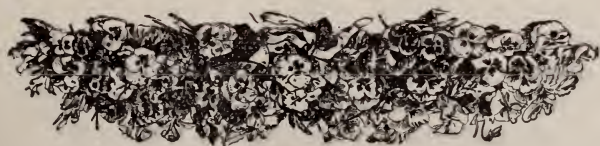
Character of Migraine.

The pathology or essential nature of migraine is obscure and unsettled. No end of speculation has been indulged in by writers on this subject,

but candor compels us to admit that thus far no satisfactory explanation has been given of its real nature. However, if we cannot say what it is, some popular delusions on the subject have been exploded, and we can say quite positively what migraine is *not*. It is certainly not neuralgia, as that term is ordinarily understood. It is not a "gastric" nor "bilious" headache, as was long believed both by the profession and the laity. The theory most in favor at the present time is that of eye strain. While admitting that this explains in part, and that it finds favor with some eminent men, we are not yet prepared to accept it as sufficient for all cases.

Some have thought that an intimate relationship existed between migraine and epilepsy. We wish to say, for the benefit of those who may have seen this gratuitous piece of information, that in our opinion it is absolutely groundless. Facts and arguments could be adduced in support of this statement, but a full consideration of this proposition would be impossible in this article.

It is hoped that by the foregoing the reader has become acquainted with the general character and causes of headaches, so far as they are understood.



Stammering Caused by Organic Disease.

For a diagnosis of stammering due to disease of the nervous system an intimate knowledge of the working of the nervous system is necessary, and nothing short of the aid and advice of the most competent neurologists should be considered sufficiently satisfactory. Frequently children in a run-down condition, and when recovering from some severe disease, will manifest trouble with speech which to parents is rather alarming; but the assurance can confidently be given that when their normal strength is recovered speech will likewise be regained. Often parents are given needless anxiety by observing that a child who has passed successfully through a severe illness utters not a word, and they fear that it may be permanently mute. In this respect, likewise, the fears are quite groundless, and no attempt should be made to hasten the child in recovering its function of speech before it does the other functions of the body, otherwise than in looking out for the general nutrition and seeing that this is brought back to its normal state as soon as possible.

In some of the minor forms of nervous disease, such, for instance, as St. Vitus's dance or, as it is more properly called, chorea, there is a speech disturbance where the words become more or less staccato and measured-like. Generally this is most noticeable in the morning on the patient's arising, and its severity gradually becomes somewhat ameliorated during the day.

In this case the lips and tongue are affected; the trouble will disappear with the disappearance of the disease.

Another defect in speech which young and adults alike easily and frequently fall into is a habit of drawling out a *u* sound between their words. This cannot be really called a stammer, but it is a distressingly tiresome condition to those who are obliged to listen to the possessor of it, and one that can be overcome by perseverance. Generally the habit is acquired before the possession of a very extensive vocabulary, and apparently the speaker indulges in a long drawn-out *u* sound in order to gain sufficient time to think out the remainder or the sentence. Its cure is a matter of education.

All boys who stutter know that Demosthenes, the father of orators, was afflicted as they are, and they probably have had poured into their ears, like oil on troubled waters, the information that it was the wont of Mr. D. to repair each day to the seashore, and, as the waves dashed upon the rocky shore, he, with his mouth filled with pebbles, would apostrophize some imaginary antagonist. In this way he developed such a strength of voice and clearness of enunciation that he could make himself heard on the shore about the tumult of a tempest. Plutarch likewise tells us that walking up hill while the mouth was filled with pebbles was another measure resorted to by Demosthenes for the relief of his affliction. He may or may not have

been cognizant of the fact that in this way he was employing measures based upon a more or less scientific basis. To-day we know that the training of the respiration is one of the most important elements in the treatment of stuttering; and this with giving firmness, strength and proper development to the muscles of articulation is what the great orator accomplished in his primitive way.

Stuttering a Functional Trouble.

Stuttering is really a functional trouble which manifests itself by a sort of a spasmodic contraction of the muscles that are concerned in breathing or in producing the voice and articulation. The attacks vary in severity from a slight impediment that is barely noticeable, and that only at times when the person afflicted is laboring under some great excitement or depression, to a condition where the impediment is so great as to cause the patient to be a voluntary pariah from society whenever discourse is necessary. In some cases it is only noticeable when the stutterer attempts to do something out of the ordinary, such as making a speech or telling a story. It is a peculiar but well-known fact that those afflicted with stuttering are almost always exempt during singing and whispering, and a modification of these two acts is frequently made use of in treatment.

Stuttering almost always begins in early childhood and unfortunately, we must admit, frequently continues during life. Nevertheless, this need not be so. At the present day stuttering is an extremely curable condition if the necessary care and time are taken

with the affected child. A natural exemplification of this statement is found in the fact that in adult life the proportion of males affected to females is more than three to one. There is probably no particular reason why this should be so unless it be, as has often been remarked, that women are possessed of greater pride than men concerning the beauty of their speech, and greater tact and delicacy in the use of their words—factors which render them less liable to the effects of some of the influences favoring stuttering.

There are in this country many excellent institutions the entire object of which is the relief and cure of stuttering. Many of them are presided over by able and conscientious teachers and they are truthfully able to report a comparatively large number of complete cures. But no faith should be put in notices calling attention to the claims that stuttering can be cured in a few days or by one visit. The perpetrators of such statements are always dishonest, and very likely ignorant of the most elementary knowledge of the causes of the affliction and the means by which a proper restoration can be brought about.

What Can Be Done for the Afflicted?

A very common interrogation by parents is, can this child be cured at home? It is not possible to answer this conscientiously, either in the negative or the affirmative, until the age of the patient, the aptitude of the child, the amount of the stammering, the factors which increase the disability, and the general nervous stability of the patient are taken into consideration. If the training is begun early,

under the auspices of one who is sufficiently patient and will take the trouble to give instruction in breathing exercises and the formation of the vowel sounds, then the infirmity can be overcome at home as well as at an institution. One of the great drawbacks to institutions—and a very serious one it is—is the association, or at least the liability the patient has in coming in contact, with others who are afflicted in the same way as he is, and perhaps to a more serious degree. It is extremely important that the child should be kept entirely from intercourse and association with other stutters. Take even a child who has a predilection to the development of stuttering, as, for instance, when there is a hereditary influence, but whose speech is yet quite distinct and rhythmical, and allow him to associate with another who stutters, and quite likely it will not be long before the first child starts by mocking and imitating the afflicted one and ends up by being a more or less confirmed stutterer.

This leads to another consideration, namely, the necessity of obviating all conditions which will make the child more sensitive to its disability than he is already. At the best these children are keenly aware of their trouble and extremely touchy on this point. Therefore leaving them exposed to the jeers and taunts of other children is as cruel as chiding and chastising them because they do not speak as clearly as do other children. Children suffering this affliction are frequently shy, retiring, easily embarrassed and often of a petulant disposition. Of course, it is unnecessary to say that none of these conditions should be fostered.

The little one should be made to understand that the stutter will gradually disappear and that patience, and not the loss of temper, is the thing to be cultivated. Parents should set the example in this respect.

It is often noticed that children stammer much worse when fatigued, irritable, and in the early morning. This is easily explained. It has already been pointed out how stuttering depends upon a lack of co-ordination between nerves and muscles; now, when these structures are fatigued it is reasonable to argue that they will not do their work so well as when they are in a fresh and vigorous condition. In the morning one stammers worse because the adeptness acquired in the day is partly forgotten during the night.

During the time while the child is receiving instruction in breathing and the vowel sounds and the combination of a consonant with the vowel sound following it, progress can be made by showing the efficacy of rhythm. It is a well-known fact that those people who have an extremely rhythmical speech, such as the Chinese, are free from stuttering. If one stops to think about the cadence and tone of the Chinese language he will easily see how ridiculous it would sound to hear a Chinaman stutter. Children should be instructed to bring their syllables out rhythmically; and this can easily be done by teaching them to beat time with their forefinger and thumb, or by the simple movement of their great toe against the boot. This gives a sing-song tone to their speech and frequently is very amusing to children and serves a double purpose; they for-

get their affliction and it gives the co-ordinating factors exercise. Gradually, as the patient becomes more and more able to co-ordinate the consonant and vowel sounds, this rhythmical tone may be dispensed with. But haste in this direction should be made slowly. Another ruse which is also found useful is to begin the course of treatment by causing the little one to articulate in a whisper. In almost all stutters this can readily be done. Then, gradually, as the organs of articulation become thoroughly familiar with the combinations, the voice can be tentatively raised. It must be carefully remembered that the use of these ruses is contributory only, and not literally curative. As has been insisted upon before, the curative measures, *per se*, are breathing exercises, and the formation of the vowel sounds and their combination with consonants.

The general care of the patient, directed toward the preservation of general bodily health, cannot be too carefully looked after, knowing, as we do, how the affection is increased by fatigue and general lowered vitality. Any system of muscular training which teaches co-ordination and development in other parts of the body than in the speech organs, such as the Swedish movement exercises, is to be recommended. General exercise, bathing and plenty of fresh air and sunlight cannot be given too much prominence.

The use of electricity has often been commended, but it is probably not of

sufficient value to enter into any discussion concerning its application. Frequently it serves to divert and interest the patient, and anything that causes patients to forget their infirmity is useful.

The character of a child who stutters, or who has stuttered and recovered, should be carefully formed, and along certain well-known lines. These children should be impressed with the fact that excessive personal sensitiveness is an infirmity. That continuous thinking of one's self leads to introspectiveness, a condition which easily grows upon one, and may become morbid; that stability of temper is a manlike characteristic; that an even and equable disposition will do more to prevent a return of their trouble than any other factor. These are, of course, virtues that we might wish every child and man were taught the necessity of, but their possession is particularly required in one who has an infirmity to counterbalance.

Only those who have had much to do with the training of children, and have had an opportunity to watch their development, can appreciate what great influence good example and object lesson teaching has upon them. Then let the treatment be begun early, foster the gradual improvement by telling them of the many others who have recovered when more sorely afflicted than they, and cure will be the reward of this trouble in a large proportion of cases.

The Mothers' Parliament.

A Winter Outfit for an Eighteen-Months-Old.

Some time ago a lady from Philadelphia gave a list of clothing necessary for a baby of eighteen months. I well remember the burden that came upon me before my first baby was born, when I read a similar list for infants. It may do very well for some people; but may I add a list for the comfort of some who have more than one child, only one or two servants and an income of less than \$5,000?

FOR WINTER.

- 3 Warm undershirts.
- 3 Nightgowns.
- 3 Underwaists.
- 3 Pairs woolen drawers.
- 6 Pairs white drawers (if the child is properly trained).
- 3 Pairs stockings.
- 2 Pairs shoes.
- 3 Flannel petticoats (two for change and one for best).
- 4 White petticoats.
- 9 Dresses.
- 3 or 4 wool sacques.
- 1 Coat.
- 1 Flannel shawl or blanket.
- 1 Hood, with extra separate flannel lining to be put in for cold days.
- 1 Pair knit drawers and leggins.

The oft-repeated 3 means: 2 for change and an extra one for accidents.

The baby wears her white dresses two days, and she is a clean baby, too. But if you allow chambéry or gingham for mornings and wash once a week, nine will be plenty. A child grows so rapidly that it takes almost constant changing and new garments,

and the fewer one can have at a time, and be comfortable, the better.

My mother used to tell me: "Any one can put on clean clothes; but it takes a lady to *keep* them clean." The nurse's apron and hands and the nursery floor make a great difference in cleanliness. Unless one has a special laundress it seems to me hard to require such large washings of the ordinary servant.

I am raising my third baby, and though my list is smaller than this by several items, I find it ample.

The flannel shawl is a white embroidered one, which is put on when the weather is colder than usual.

L. E. L.

A Brooklyn Way of Dressing the Baby.

The interest in how to dress the baby not having waned, I venture to suggest a compromise between the Gertrude suit method and my own, which has proved successful. Not approving of only loose garments and bare legs in a climate where, in spite of furnace heat, drafts will creep up from the floor, and knowing from experience that there is no warmth to a flowing gown except when it clings to the shoulders, my second baby's outfit comprised the following articles: For day wear, first donned, was the softest of all wool ribbed shirts procured at a large Brooklyn drygoods store; high neck and long sleeves, easily put on, as it buttoned its entire length and opened in front. To this was attached the flannel band as long

as worn. When discarded, the diaper, a cotton one, was pinned together, over the shirt in front (so as to have the flannel next the flesh), but under it in the back. Wool booties were worn and well drawn up over the diaper, and fastened above and around each knee by a safety pin; thus nothing remained exposed of the baby but his head and hands. Then, having previously buttoned flannel and cambric skirts to a high neck, long sleeve waist, each on a separate row of tiny flat buttons having eyelets, and over these having drawn the slip, I passed the whole over his feet and limbs, then, after adjusting waist and sleeves, turned him face down, buttoned all in the back, and the little fellow was warmly and completely dressed in far less time than it has taken to tell it. In length from throat to the end of his skirts the garment measured just one yard.

For cooler days I had different grades of flannel made into Mother Hubbard wrappers, the same length as to be worn over the dress, and buttoned down the front.

The nightdress was of white Jaeger stockinet, home-made, buttoned in front, and long enough to cover the feet well and made to button over so as to inclose them. This was worn over a shirt similar to that worn by day; and until ready to sleep the booties were worn (pinned to the diaper as through the day), also a flannel wrapper, to equal the weight of the day clothing; but once in the crib these two last were removed. There never was a mark on the flesh from pin or button, and never the

slightest fretting at toilet time, which always came midway between nursing intervals. And while the little fellow was dressed in a perfectly free way, sufficient clothing, though of an elastic kind, clung closely, so that he was thoroughly protected from draughts and variable weather. A. K. V.

Difficult Questions and Truthful Answers.

Where did it come from? This question, concerning the baby, propounded to every mother so persistently and with childish vehemence, is very hard to answer satisfactorily, especially for the American mother who has been reared to regard the truth of the matter as something that must be kept from the child at all hazards. To invent all sorts of improbable stories, in order to allay the curiosity of the questioner, is considered perfectly correct, even by parents who think themselves models of veracity.

Wee little tots have been seen anxiously bending over a brook at imminent risk of their lives, "baby hunting," because some fortunate friend had a new baby, said to have been drawn from its lucid depths. Others make a raid on the nearest apothecary, supposed to be furnished with an unlimited supply, and expect to have their orders filled on demand; but they turn away sad and discomfited, realizing, by the queer looks of the clerk, that somehow they have blundered. Some little sensitive heart, hungry for a winsome sister or jolly brother, throbs with bitterness that the doctor, that good friend who always treats him to sugar pills, should cruel-

ly give all the babies to the other little folks. Dainty baby fingers have bled searching among thorny rose bushes, hoping to find a capricious bud that may show signs of developing into a baby, as it is confidently believed some especially endowed rosebuds will do.

Young questioners are at times most perplexing, but surely, if one thinks carefully, she will see that the child may be taken into her confidence and told only the truth, if not the whole truth, and a confidence be thus established between mother and child that will keep the little one from seeking information from youthful and indiscreet companions.

In foreign countries, where the truths of maternity are no secret, but when occasion requires are spoken of openly and naturally, without an air of mystery, children soon learn, from the conversation of which their quick instincts give them a tacit understanding, that the baby is a natural development whose advent has been expected and prepared for, and the mysterious baby, so often considered an interloper by some little one whose place it has usurped, is at once recognized as part and parcel of the family group and is loved accordingly. Little by little as the children grow they understand more fully, and years of mystery and needless anxiety are spared.

A little friend who at six years of age has already begun to think upon the vexed question, at last began to tease for a baby and ask taxing questions about babies' origin and condition before they came "out of the nowhere into the here." The mother, who is wise as she is loving, and has ideas, has satisfied the little fellow's

curiosity and heart hunger in such a sweet, truthful and loving way, that a hint of her confidential talks with her bonny boy may be helpful to some other mother of a little inquisitive boy. Taking him on her lap, and folding him close in her arms, she told him the great secret that "a little baby grows right next to its mother's heart, and that is the reason why the mother loves it so much, and understands all its little troubles better than any one else;" and when the eager little fellow expressed a wish that one would soon grow for him, she explained to him that she at present was not strong enough, as she has been in very delicate health for a long time and that only strong, well mothers could have healthy babies. Then she took the precaution to suggest to him that what she had told him be kept a secret between them, as if he should speak of it to his little playmates, they might laugh and dispute the truth of it, as, perhaps, their mothers had not thought best to tell them about it.

Thus this mother is already her boy's confidant and friend, and will keep the boy from "talking it over" with companions who might put the matter in an objectionable form. His confidence in this dear friend, who he finds as the years go on never makes false statements to him, will grow with his growth and strengthen with his strength, and be the greatest comfort to the woman and safeguard to the boy.

The small child is always very proud of a confidence reposed in him by his elders, and will most sacredly guard a "secret" between mamma and his little self.

B. G.

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The use of nuts as everyday food is increasing. One of the newest ways of baking apples is to core them and fill the centres with sugar and chopped almonds. They are really very much better than ordinary baked apples and possess a higher food value.

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For jelly making a new granite or enameled ware kettle is preferable to the old-fashioned porcelain-lined or iron pot that has been in use year after year. It is not an extravagance to buy a new kettle each season. A new wooden spoon is better than an old one which has probably been used for stirring catsup, chili sauce or pickles. The wood retains the odor of onions, and the heat of the boiling fruit juice is apt to bring the flavor out, which is often disagreeable. After emptying a jelly glass or fruit jar, it should be washed, the cover replaced and put away in the closet for use next year. It is economy to buy new rubber rings for your jars as you need them.

If your room is not provided with green and white shades, a piece of dark green glazed calico or cambric, either pinned or stitched on the curtain will darken the room. This is a very satisfactory arrangement for an invalid or for any one who cannot sleep in a room with light shades. Awnings do not quite take the place of the old-fashioned shutters for darkening a room.

In pickling use the best cider vinegar and boil in a granite or porcelain kettle, never in metal. A small lump of alum to a gallon of small cucumbers, dissolved, and added to the vinegar when scalding the pickles the first time makes them crisp and tender, but too much alum is injurious. Keep your pickles in a cool, dry place, in glass or stone crocks; examine them frequently, and if white specks appear on the vinegar, drain off and rescald, adding a handful of sugar to each gallon, and pour again over the pickles. A little horseradish and a few cloves assist in preserving the vinegar. If put away in stone jars, place a saucer over the top of the pickles, so as to keep them under the vinegar. A better way is to put your pickles, while scalding them, into bottles and seal tight.

Delicious mustard is made by first slicing an onion in a bowl and covering it with vinegar. Let this stand forty-eight hours, then pour off the vinegar into another bowl, add a little red pepper, salt, sugar and enough dry mustard to thicken to a cream. The proportions should be a teaspoonful of the pepper and salt and twice that of sugar, but tastes differ somewhat as to the quantity of sweet used.

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A revival of the charming old tapestry wools, according to *Vogue*, to be worked in cross-stitch on canvas, for which our grandmothers were famous, is the result of a desire on the part of artistic women to cover their old chairs properly. One woman has employed her time for summer fancy work to good account by taking all the faded shades of blues, pinks, yellows and greens, and using the silks and wools to cover the seats of chairs, the frames of which are to be made from walnut wood off the old family estate. These handsome pieces of furniture will be made most appropriately after the model of the open-backed Chippendale chairs, and are to be presented to each young grand-

PURE, DURABLE, ECONOMICAL.

ALL MOTHERS WANT TO BUY THE
BEST RUBBER NIPPLES.



"Tyrian"

No. 85 Nipples.

TO GO OVER NECK OF
NURSING BOTTLE.

They are of the best pure gum rubber and will last a long time. If you have never tried them, we will send you one as sample without charge.

Sold by Druggists.

If yours declines to supply you with the "TYRIAN" we will send

you one dozen, postpaid for 50 cents.

Under our trade mark "TYRIAN" we manufacture a full line of Druggists' Rubber Goods.

Pamphlet "Worth Reading," FREE.
TYER & RUBBER CO., Andover, Mass.

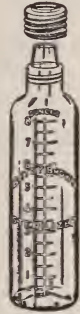
daughter, to be cherished by her as embodying a charming sentiment on the part of her grandmother. This is a revival of a pretty old English custom of presenting the heir on coming of age with a beautiful table made of oak and inlaid with all the woods of his patrimony—walnut, chestnut, ash, apple, pear, plum, elm, birch, beech, acacia, cedar, yew, pine, etc. It is interesting to note that the needle-worked cover in Colonial days was known familiarly to every one as Turkey-work, and that Turkey-work chairs were in fashion in this country before 1650.

Cold dishes lend themselves more readily to garnishing than hot ones. For all kinds of cold meats aspic

The "BETSY BROWN" Safety Nurser



is fitted with an Aluminum Screw Collar that securely holds the Nipple to the Bottle. It is impossible for the child to pull the nipple off the bottle, thus removing the danger of the child choking on the nipple, or drenching itself with milk. Can be used with any pull over nipple. Made in two shapes as shown by the cuts. If your druggist cannot supply you, send us 25 cents and we will mail you one of the round shape, complete with our Perfection Nipple.



JOHN M. MARIS & COMPANY

219 Fulton Street, New York, N. Y.

312 Market Street, Philadelphia, Pa.

jelly is always acceptable and easily prepared. It may be made of strong, clear chicken stock, using half a package of gelatine to each pint. Season and put away to chill. Strained pulp of fresh or canned tomatoes may be used instead of chicken stock. Small boiled or fried potatoes make an excellent garnish for fish, with the addition of parsley and lemon. Hard boiled eggs are suitable with boiled fish. Small vegetables, such as peas and beans, and carrots and turnips cut into small pieces are appropriate with meat.

A cream of cheese soup is excellent. Scald one quart of milk with a teaspoonful of grated onion, a blade of mace and a piece of a red pepper about as large as a knife blade. Make a white sauce with two tablespoonfuls each of butter and flour and a cupful of cold milk and add it to the hot milk in a double boiler. When it cooks add a cupful of grated cheese. Let this melt and add a little salt. Beat two

HOOPING-COUGH CROUP.

Roché's Herbal Embrocation

The Celebrated Effectual Cure without Internal Medicine.

**BRONCHITIS, LUMBAGO
and RHEUMATISM**

are also Quickly Relieved by a Few Applications.

Proprietors, **W. Edwards & Son**, Queen Victoria St.,
London, England, Wholesale of **E. Fougere & Co.**,
90 Beekman St., N. Y.

eggs and strain the soup over the eggs, stirring all the time. Whip until light and serve.

Of all the nursery furnishings yet devised nothing has struck such a chord in the small girl's heart as the miniature sewing machines which screw to the table edge and turn with a wheel. They are practical and are quite large enough for the manufacture of dolls' clothes. City children are apt to be over-sophisticated, but few girls resist dolls. Even those who care little for playing house enjoy the manufacture of dolls' dresses.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

In nearly all the advanced schools other than strictly public ones the manual training begins with dolls and dolls' houses. In a large private school in New York an expert Sloyd instructor, a Swedish woman of university training, is paid a large salary to supervise the construction of a wonderful dolls' house, which is being built by a class of little girls and boys. The children built the house, designed and made the wall paper and put it on the walls. They are making the furniture, piece by piece, including curtains, pictures, bed linen and draperies, and will eventually make, if not the dolls, at least all their clothes. Boys and girls work together and do pretty much the same kind of work. No distinction is made between masculine and feminine tasks. Such a dolls' house, made in the Normal School at New Paltz, N. Y., was exhibited in the Educational Building at the St. Louis Exposition and attracted a great deal of attention. There is no reason why similar houses should not be made at home, and it ought to be worth any mother's while to devote a little intelligent study to this form of manual training.

A correspondent asks for a recipe for soft gingerbread. This one is gleaned from an old cook book and is probably excellent. Reminiscences of that old cook book are remarkably pleasant, although this particular gingerbread is not especially remembered. Break a fresh egg in a bowl, stir with a fork and add a tablespoonful of melted butter and fill the bowl half full of sour cream. Fill to the top with New Orleans molasses, turn into

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SHOULD BE YOUR CHOICE



Mothers, we want to mail you our 12th Catalog, 95 styles to please every individual taste and purse. Catalog tells why your selections should be a "MARQUA" Cart, Reclining, Adjustable, and Foldable Carts for Babies, from
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The American, Jr., Marqua Special, and Dreamland line of carts made by "Marqua" are the leaders, but sold only direct from us to you. Special freight allowance. Our Catalog will surely interest you. Please write for it to-day.

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THE RUDYARD CREEPING APRON

For babies from 6 mo. to 2 years of age. Only three buttons. Keeps the clothing clean. Neat, serviceable and inexpensive. Write for illustrated folder, if interested.

MRS. NELLIE M. ELLIOTT,
424 N. College Ave., Mason City, Iowa.

DAINTY THINGS for BABIES



Dresses, Caps, Booties, Emb. Sacques, Alma Shirts, etc. Send stamp for ill'd catalog.

Send 25c (stamps) for two little sleeveless shirts for summer wear (knitted from soft cotton yarn). Give age or size required. Representatives wanted in every town.

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"KREEPLETT'S"

How can baby "Kreep" with the old-fashioned shoe without wearing out the toe alone?

"Kreeplets," with our upturned toe, will outwear three to four pairs of the old kind.

De Luxe "Kreeplets"—Blue and Pink

Calf\$1.25

Kreeplets—Black and Golden Brown.... 1.00

Delivered. If interested send for Booklet.
NUTMEG STATE SHOE CO., So. Norwalk, Conn.

a larger bowl, beat and add a cupful of flour in which has been sifted a level teaspoonful of soda. Add a teaspoonful each of ginger, allspice and cinnamon and a little salt. Bake in a sheet.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

"How Can I Cure My Catarrh?" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.



Lucile Mandolin Read



Lester Ashton Cariani

¶ Do you know any mother, who is having a hard time feeding her baby?

¶ If you do, will you ask her to write us, or perhaps, better still, will you yourself write us for her, so that we can send her a Sample Bottle of

Mellin's Food

and a Book of Directions for preparing Mellin's Food, and feeding it to her baby?

¶ It is really a pity that so many mothers struggle along, trying all kinds of methods of feeding, when Mellin's Food will help them out of the trouble so quickly.

¶ If your friend will only try Mellin's Food, you may be sure that she will continue to use it, because it will agree with her baby and on it he will grow strong and well.

**Mellin's Food Company,
Boston, Mass.**



Mary Blendena Scott



Pauline Augusta Meyer

Quilted Mattress Pads

Money spent wisely means comfort and pleasure to the spender.

You go to bed to rest.

Quilted Mattress Pads will make your bed comfortable as well as keep yours and baby's bed in a perfect sanitary condition.

The cost is small—and when washed they are as good as new.

Ask your dry goods dealer.

EXCELSIOR QUILTING CO.
15 LAIGHT ST., NEW YORK, N. Y.

One of the easiest ways of preparing a chafing dish mushroom dainty is to fry bacon crisply in the blazer, taking up with a fork when done. Unless there is too much grease left in the blazer, do not dispose of any of it, but drop in the mushrooms, which have been stemmed but not peeled. Place the hot water pan under the blazer and cook the mushrooms until tender. Add a little Worcestershire sauce or lemon juice and serve mushrooms and bacon together.

A surprising number of new fabrics, silk, linen and cotton, are on the market this year. American silks are beginning to be greatly admired in Europe, having an original character of their own as regards texture, besides being very lovely in color. Burlingham and rajah silks are firmly

Pure Milk For Children

We furnish to our patrons milk practically germ-free, as has been proven by most competent scientific authority.

The United States Department of Agriculture, recognizing the endeavors of the Standard Dairy and Ice Company to provide high-grade and scientifically clean milk, has permitted us to use the report of one of their eminent scientists, Dr. Erwin F. Smith, who personally investigated our plant at Langdon, and obtained samples of our milk for a bacteriological investigation.

This report, dated May 22, 1905, covering four typewritten pages, has just been received, and is being printed by us in pamphlet form for distribution among those who may desire a copy.

STANDARD DAIRY & ICE CO.

333 14th Street, N. W., Washington, D. C.

established for utility gowns. Burlingham will be chosen for street and other simple gowns, especially in the early spring. This silk is firm enough to make into the fashionable circular skirt, but since the tendency of these skirts is to sag, it is well to allow them to hang for at least a week before finishing or trimming. Very little trimming is used on burlingham silk gowns. The fabric is rough and permits little decoration beyond folds or shirred bands of the material, tucks and occasionally soutache braid of a matching color. The heavy laces combine well with this silk.

Dried bread crumbs are much better for frying purposes than cracker dust. The dry bread does not soak up the fat as quickly.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
Pres., 140 Nassau St.

BARUCH KAUFMANN,
Vice Pres., 2 Stone St.

FRANCIS D. POLLAK,
Sec'y and Treas., 49 Wall St.

VOL. XXIV.

FEBRUARY, 1908.

No. 279.

Nursery Problems.

Cod Liver Oil and Hypophosphites; Bathing a Preventive of Colds.

To the Editor of BABYHOOD:

(1) My two eldest children (four and a half years and two years and ten months) have been brought up strictly according to BABYHOOD's rules, and, as a consequence, are as healthy and sturdy as one could wish. For a long time they have taken regularly (except in summer) two teaspoonfuls, morning and night, of emulsion of cod liver oil with hypophosphites. They are extremely fond of it, and it never disagrees with them. Is there any objection to the continued use of it?

(2) They are washed all over every morning (in a warm room in which no one sleeps) with some tar soap and cool water, rapidly sponged off standing in water up to their ankles, with water of about 63 degrees, except their neck and chest for which cold water is used. Immediately afterwards they have a hard rubbing with a rough towel. In the evening the neck and chest are again sponged off with cold water and rubbed without putting them in the water, and their hands and faces are washed. They enjoy this very much, are never chilled and have a strong, healthy reaction. I attribute their exemption from colds principally to this treatment, but I

would like to know whether my opinion is justified. P.

(1) Many children are better, as yours apparently have been, for the pretty persistent use, during the cool season, of cod liver oil. In the warm season it is less necessary and it is certainly less acceptable to the stomach. The hypophosphites we also use freely, but under different conditions or for different reasons. We prefer, therefore, usually to have the oil by itself and to add hypophosphites or any other drugs, as we think them called for. We make this explanation because without it we cannot properly answer your question. Cod liver oil we think of only as an easily assimilable fat; in other words, as a food. Therefore, so long as it is well borne by the stomach and excites no intestinal indigestion as evidenced by looseness of bowels, etc., it seems to us unobjectionable. In giving emulsions made for the trade, it is best to choose one made by

a house of good repute, in order to be as well assured as possible that the substance used to make the emulsion is of good quality. Regarding the hypophosphites as compared with any other drug, however good and useful, we cannot say that this constant use of them is without objection. It depends upon conditions not so easily expressed as those governing the use of cod liver oil. In the case of your children, they have not been harmed, perhaps are benefited by them, but we cannot give an unqualified approval of their use for any or every case, because we believe that any remedy which is potent enough to do good is also potent enough to do harm if in-advisedly given. There is one other reason why we prefer to give hypophosphites separate from oil; we are thus able to get both remedies in good quality and to vary the proportions to suit the requirements of the case. In mixtures we are obliged to trust to the commercial honesty of competing manufacturers, and the proportion is fixed alike for all cases. We may say, however, that for your specified cases we see no objection to the continued use of the mixture you have given.

(2) We, as you know, approve of the method of bathing you describe, *i. e.*, cool or cold sponging of the body while the feet are kept from chilling by being placed in warmer water. We do think that cold bathing, especially of the chest and throat, diminishes the tendency to take cold. Of course, it is impossible to prove that anything that has not happened did not happen for specified reasons. So it cannot be asserted that your children's immunity from cold was because of the bathing.

But we do so believe because of the exemption of persons previously susceptible to colds after trying this plan.

Potatoes.

To the Editor of BABYHOOD:

Kindly tell me through your columns what you consider the diet should be of a child of two years, with sixteen teeth, a good digestion, and an *extremely* good appetite? Do you think potatoes too starchy for a child of his age? I mean boiled, baked or stewed. My little boy is very fond of them, but my physician told me that potatoes were something a child should eat but seldom. I had always supposed before that they were nutritious and extremely easy to digest. I shall be very much obliged if you will tell me what you think of them as an article of food for children.

H. T. S.

The physician is right about the potato in general. At two years we admit the baked or roasted potato (not boiled or stewed), lightly broken up and salted, not matted down with butter. Put what butter the child needs on his bread. But this potato, even when carefully prepared, we watch as a "suspicious character" to see if it really is well digested.

A child of two years needs four meals: the first at about 7:30; the second at 11 A. M.; the third about 1:30; the fourth, 5:30 P. M. The first meal should be of milk, bread and butter, and perhaps well-cooked oatmeal or wheaten grits. The second meal, milk and bread; and the third, meat (beef, mutton or chicken cut very fine or scraped), broth—or instead baked potato if permitted—and a light dessert, such as a tablespoonful of simple custard, boiled or baked, or the rennet curd called "junket" or "slip." The fourth meal, bread and milk only.

One Cow's Milk.

To the Editor of BABYHOOD:

My physician claims to be a reader of all the best and latest medical journals, and to know all that is going on in the medical world. He claims that only a few physicians favor herd's milk, and that *all* the weight of authority is on the other side. Can you give me names of eminent men with which to refute this claim? It is a matter of some consequence to me, as he lays any disturbance of the digestive organs to that cause.

E. R. A.

If by "herd's milk" you mean the mixed milk of a herd as compared with that of a single cow, we can only say that we cannot recall any one, at least in America, whom we should call an authority, who now clings to the "one cow's milk" theory. Twenty-five years ago we heard it taught. We have taken up such recent books as are lying at hand, but find no one in favor of one cow's milk. We mention two authors, because more widely known than the rest, who express their preference for mixed milk. Jacobi (article "Infant Hygiene," in Ziemssen's Cyclopædia, XVIII, 107); Rotch (article "Infant Feeding," in Keating's Cyclopædia, I, 338).

If we have not rightly apprehended your question, please tell us just what you mean and we will try to answer.

Change of Diet at Ten Months.

To the Editor of BABYHOOD:

My little boy, now ten months old, has two teeth; can I soon begin to give him a little something besides milk, and if so, what shall it be? Constipation is his great difficulty, which I hope to overcome by the use of some kind of a laxative.

D.

Yes, you may add gruel to his milk; and in view of his constipation, this gruel would better be made from oatmeal.

SUNDRY TOPICS.

Disturbed Sleep.

To the Editor of BABYHOOD:

My baby is four months old, is large and strong and looks well, but he starts at every sound or touch, and if sleeping, if you but touch his carriage or move a paper, he throws his arms wildly. He never cries after it; the very slightest unexpected noise gives him a shock, and he will jump and jerk for a second. I thought he would outgrow it, as it was probably from the nurse trying to get him used to sleeping while the room was noisy, or because she washed his eyes and mouth out with cold water to arouse him so he would learn to sleep less in the daytime and more in the early night. But it seems to grow worse. I have tried to keep the room quiet since I have had the care of him—that is, since he was a month old. Now, can I stop it, or is it inherited from me (as I am very nervous) and cannot be helped? NEW SUBSCRIBER.

Heredity, doubtless, has something to do with it, but that does not end the matter. He is a light sleeper, evidently. Things especially to be looked to as favoring this excitability are indigestion (slow or labored digestion) and the approach of dentition. If you can hit upon the exciting cause, you will probably be able to help the child much, even if you never get him to sleep as soundly as do some children.

Early Singing.

To the Editor of BABYHOOD:

A vexed question in our house for the past six months has been, shall we allow our little daughter of seven years to sing according to her own sweet will, or shall we put her under the care of a competent master? About a year ago I took a hint from your valuable columns and commenced the "five minutes a day" piano lessons. We found the study so interesting that we unconsciously began lengthening the lessons, until they were half an hour in duration. She has since been placed

under professional care for piano and violin, and has made very marked progress.

With regard to singing, some have said to me: "If you allow your little girl to sing, she will wear her voice out; and when she arrives at the age when she should properly begin voice culture, she will have nothing left but a worn-out, cracked voice." Others have said: "A child has no vocal development." Will not singing develop the voice and make flexible the vocal cords as exercise develops other muscles?

One friend, arguing in favor of putting children under training with a competent singing-master, contends that a voice allowed to remain dormant, or used injudiciously, will, at sixteen years old, be as hard to train as fingers unused to piano-forte playing would be.

G.

BABYHOOD cannot give definite advice which pretends to be "the last word." But this is what it believes; that good training, in the sense of teaching good methods of using the voice, is just as useful in childhood as later, and is a distinct advantage. But training, in the sense of making the voice of a child emulate the feats of a developed vocal organ, will be likely to be a disadvantage.

If we had the care of a promising child's voice, we should treat it precisely as a child's mind or a child's muscle: develop it gently and uniformly by right methods, and reserve feats of strength and skill—mental, muscular or vocal—for the period after development was fully established.

Red Gum.

To the Editor of BABYHOOD:

My baby-girl is six months old to-day. She is plump and usually good. At the age of two months she had red gum, and it was some weeks before she recovered. It, the rash, remained the longest and brightest wherever the wet napkin touched, and even

yet comes and goes there. I have read a back number of your magazine, which describes a condition of "the soiled napkin" that corresponds to hers. An orange stain often is present. Please tell me what I can do to remedy this waste, for such I believe the article called it? The opening into the bladder is also a *bright* red. She has been of a very constipated habit, but by giving her a little "brown-bread coffee," I now secure a daily movement. I have been able for over a month now to see four teeth, the upper front ones, but they are not yet through.

My hope is that you can give me definite directions as regards her urine, and also tell me when and how I had best wean her. I have plenty of milk, when I can get it myself to drink (just now the people with whom I am boarding have but little), and have nursed her regularly until six weeks ago, every two hours in the day, once at night—and since, every three hours.

I. F. McJ.

The "red gum," and the present rash, are not, strictly speaking, the same, but that is a point of small moment. The eruption under the napkin is very common, especially if the urine be very acid, as it probably is when the orange deposit is present. To correct this tendency, which is probably due to peculiarities of digestion, in a child on the breast is not easy. Something may be done by giving it water, and we think the condition will probably improve, since you have adopted the three-hour rule in place of the two-hour interval, which was continued rather long. Locally, washing the parts with weak alkaline washes—*e. g.*, lime-water, or very weak soda solution—will allay irritation. If the skin is irritated, great care should be exercised in cleansing the parts frequently, carefully drying them and powdering or dusting them

with fullers' earth or similar preparations.

Quality of the Teeth.

To the Editor of BABYHOOD:

(1) My baby, seven months old, is greatly troubled with constipation. I am obliged to use a laxative every other night, and sometimes every night. Soap has little or no effect. What is the best thing to use in a case of this kind?

(2) The baby has been fed on a patent food, for the reason that I have brought one baby up on it, and saw no reason to change if it agreed with her, although other foods are now more extensively advertised. Would BABYHOOD advise changing the food as a help toward regulating the bowels? The baby has eight teeth, having had two before she was three months old.

(3) Is there any truth in the opinion, which seems prevalent, that in early dentition the teeth are not of a quality to last, and would this be likely to have any effect on the second teeth?

HELENA.

(1) Probably an enema or a glycerine suppository.

(2) If you are sure that the child is doing well upon its food in other respects, we should not recommend changing on account of the constipation, for we think it generally easier to regulate the frequency of evacuations than to suit a food to the digestion.

(3) Not much. It does sometimes happen that in rickets dentition is premature instead of delayed, as is the rule. In such cases the teeth may be poor when cut, or may decay from subsequent disease. If the first teeth keep their places in the jaw, the premature pushing—so far as we have observed—does not affect the second teeth. This is not meant to apply to cases of rickets, however.

The Electric Needle; Calomel; Early Eye Trouble.

To the Editor of BABYHOOD:

(1) To prevent possible sourness in tubes and nipples, my sister-in-law has her baby suck his milk from a cup through a piece of small-size macaroni, fresh every time; except for the danger of too rapid feeding, do you see any objection to this method?

(2) If a child a year old makes no attempt to walk or creep, would you think the continued wearing of very long clothes a hindrance to him?

(3) What is cascara?

(4) Would you approve of touching a five-year-old child's enlarged tonsils (chronic) with an electric needle at white heat, to shrivel them up?

(5) What are the after effects of calomel? During my oldest boy's third summer, he had a very severe bowel trouble, for which our doctor gave powders, in which there was calomel. Some time after his recovery, the boy woke in the night several different times, crying with pain in his knees and down to his ankles. In the first week in December, he had a bilious attack, and was given calomel pellets and other powders. The last week in December, he had tonsilitis, and the doctor said his powders, this time, were calomel and sulphur. Several nights before Christmas, and on January 17th, he woke at night crying with his knees again. He had not strained his muscles on the ice, for his out-door life is spent on an exceptionally wide and long south veranda. Our doctor thinks the pain may be malarial rheumatism, though the boy shows no other signs of malaria now; last summer, he had a few sleepy, feverish days. Do you think he has had too much calomel?

(6) Is every kind of vaginal discharge likely to injure a baby's eyes? If not, what kind is?

(7) Does the possible blindness come within a few months or years?

(8) Is it probable my baby has any trouble of that sort, as she often has swollen eyelids, with dry matter on her lashes when she wakes in the morning, and had her eyes

completely gummed up when five, six and seven days old? They have been thoroughly bathed with warm water every morning, and no one seeing her after 9 A. M. would suspect that she ever had even a cold.

I would like to write three or four pages on the subject of Gertrude baby clothes; for I have had three babies dressed in them, and I feel competent to judge. BETTY.

(1) Practically we presume that no harm arises from the macaroni, but its use is based on some misconceptions. First, there is no use for a tube at all; second, a well-cleansed nipple is more likely to be sweet than a pipe of macaroni. Why not feed from the cup directly?

(2) Yes. He ought to have had free limbs six months ago.

(3) Cascara sagrada is the bark of the *Rhamnus Purshiana*, a tree allied to the buckthorn (*R. frangula*), and is considered a safe and useful cathartic or laxative, according to dose.

(4) Yes, if it were advised and done by a competent physician. Its effects are often very satisfactory.

(5) The knee trouble probably had no relation to the calomel. We do not think he had too much of the drug. It has undoubtedly after-effects; but about thirty years ago it was the fashion to charge everything that was disagreeable to abuse of calomel, and it became a sort of scapegoat, and therefore a very useful remedy was for some time much neglected. In your child's case we would suggest a careful watch of the knee pain, as being possibly due to some joint trouble, either in the hip or knee.

(6) Not necessarily, but as it is not possible to describe the kinds so that they may be distinguished by a lay reader, it is better to be exceedingly

careful to cleanse the child's eyes immediately after delivery.

(7) The trouble begins promptly if at all. Of course a poisonous discharge might by chance be carried to the eyes later, as it sometimes is to those of adults, but usually the mischief is done, if at all, during labor. But, by way of reassurance, we would say that in this country, outside of hospitals, these serious eye inflammations are not common.

(8) Probably not. The trouble seems to be too mild, but it ought to be cured promptly to prevent its becoming chronic.

A Potato Poultice.

To the Editor of BABYHOOD:

Let me relate a method recommended to me by a Scotch nurse, and tried three times by me with most happy results, for treating croup. My baby's life was given up by the physicians when Jessie begged me to try the potato remedy. She boiled a dozen potatoes, brought them to the room, put one in Baby's small woolen stocking, and bound it around his throat as hot as could be borne. The relief was immediate; as soon as it cooled we prepared another, by re-warming a potato in water over a spirit lamp, put it in another little stocking and changed it quickly. We used but the two stockings alternately, as it was in the last stages of the disease. We kept them on all day and all night. When he awoke in the morning he was completely covered with water blisters, but the croup had *disappeared*. Since then the first croupy cough means "hot potatoes" immediately, and the disease has never fully established itself since. It has the advantage over hot water in not wetting the clothing, and it may be the medicinal properties of the potato—for is it not of the *belladonna* family?—have some efficacy.

J. M. L.

The boiled potato in a stocking is an old-time method of applying heat with

some moisture—in short, a poultice. We remember the circumstantial manner in which an aged physician—since dead—detailed his using this means to rally a case of cholera in collapse in the epidemic of 1832. The effect is in no way due to any medicinal property of the potato, but simply to the physical fact that a potato keeps up for some time its supply of heat. In the case related the heat was so intense that unintentionally the old-fashioned remedy of a blister was tried in a clumsy fashion.

The only surprising point in the case is that physicians should “give up” a life (if they really said so) from obstruction of breathing while the child still breathed, knowing, as they must have known, even if unprepared to open the throat, the suddenness with which spasmodic croup (as this seems to have been) ends in many or most cases.

Phimosis.

To the Editor of BABYHOOD:

I come to BABYHOOD to know if my little boy is troubled with a form of phimosis. I think he was perfectly formed when born, but before the end of his first year I noticed the opening at the end was turned to one side; so that now (at the age of three years and nine months), in making water, it passes toward the right limb. His general health seems good; weighs 42 pounds, eats and sleeps well, though he seems to have some difficulty in holding his water, and is very nervous and easily irritated. Is a surgical operation necessary, or will he outgrow the trouble in time?

A YOUNG MOTHER.

Probably he has some form of phimosis. But phimosis is, we think, the rule in young children, and needs interference in exceptional cases only.

Perhaps in his case simple dilatation of the opening may be enough, but this can only be decided by a physician after examination. You mention no symptoms showing trouble.

Regularity of Sleeping Hours.

To the Editor of BABYHOOD:

I hear of babies who go to sleep at seven in the evening and sleep till morning with but one nursing during the night, and sometimes without that. I am anxious to know if there is any way to train a baby to this habit. My three-months-old boy is at his brightest from six or seven till ten or eleven or later. I have tried keeping him awake during the afternoon, but it does not seem to make any difference. K. G. H.

We can hardly do better than refer you to recent articles on training a child to regular habits of food and sleep in BABYHOOD, which we have been repeatedly assured have proved to be a great help to many readers. These numbers may be obtained by mail at 15 cents each.

Hives; Weaning.

To the Editor of BABYHOOD:

(1) Can you tell me if there is any cure for hives? My nineteen months' girl has had them for six months, badly at first, and now lighter. Our doctor, a very good one, dislikes to treat except in extreme cases, and then with arsenic. We next tried a homeopathic doctor, who did a little good, but with no cure as yet.

(2) She utterly refuses to take food from a spoon, and lives almost exclusively on milk, with such bits of good bread or cracker as she will eat from her hand. She drinks over a quart and a half a day. Is this all right? I was obliged to feed her oat-meal nearly a year ago to move her bowels, as she was extremely constipated and had always been. It set her bowels right, but she will not touch it now, or anything else I try to give her.

(3) Also, I have a nursing baby, born in

September, doing very well till a month ago, when the menses reappeared, and she became fussier, but still thrives. Should I wean her in April or May, at seven or eight months, or wean her at once, or try to nurse her through the summer? Does such early reappearance necessitate earlier weaning? It happened with my first at six weeks and I had to partly feed her some food, till nine months, and then weaned her.

M. O.

(1) Yes, there are cures for hives, but the cure depends upon the cause in each case. If you will look back to your back numbers you will find an article on the subject.

(2) It is all right for her to live on bread and milk alone, provided her digestion is in good condition, which, however, in view of existing hives, may be doubted. She will quickly learn to drink from a cup if she cannot get the milk in any other way.

(3) All things considered—unless your physician knows some reason in this particular case to the contrary—we think early weaning would be much better than trying to nurse through the summer a child who would certainly need some extra food, and probably would practically get nothing from you by the time hot weather really was with you.

A Broad Subject.

To the Editor of BABYHOOD:

Please give me information on how a baby should be dressed; all that you will let me know on this topic will be a great benefit.

M. S. J.

The question is too indefinite, the age not being stated. For first-clothes we recommend the Gertrude suit. (The advertisement of the patterns is published in most issues of BABYHOOD.) For other clothing, hints and

directions are always to be found in the department, "Baby's Wardrobe." A recent number, containing certain lists, may answer your purpose; or if you will make the inquiry more specific, we shall try to give the information particularly wanted.

Condensed Replies.

E. G., Albany, N. Y.

We are sorry you have decided to dispense with BABYHOOD, which, as you yourself put it, "has been of the greatest service to me in the past." We cannot, however, admit that your reason for dropping the magazine is a very sound one. You say: "Please discontinue BABYHOOD. You have never seen fit to answer a letter I sent you last May, although I enclosed a stamped envelope." To begin with, you overlook the fact (which we happen to remember), that we mentioned your inquiry promptly in our department of *Condensed Replies*, giving our reasons for not answering by mail. As your case is by no means a solitary one, we shall state these reasons more fully. Letters relating to "Nursery Problems" may remain unanswered for the following reasons: 1. Because the subject may often have been treated in our columns; sometimes, indeed, the inquirer may find it discussed in the very next number in reply to another correspondent. 2. Because the subject is too trivial. 3. Because the subject is far too important to be discussed in a brief paragraph. 4. Because the letter is obscure, ill-written, or contradictory. 5. Because we cannot possibly answer *all* inquiries addressed to us.

Now, with all due respect to you and other subscribers whose complaints are similar to your own, we cannot admit that you may claim, as a natural right, an answer to any inquiry you may choose to address to us. BABYHOOD aims to give careful *general* advice on the care of young children, and that, we submit, is worth fully one dollar a year. We are willing to extend to our subscribers the *privilege* of addressing questions to us, but we must naturally be the sole judges as to whether we can answer these questions or not. As regards inquiries which some correspondents ask us to answer by mail, we wish to say that we sometimes *do* answer in this way, but generally only when it seems to us there may be danger to the child in delay (we always urge in such cases that a competent physician be sent for immediately), or when the subject, for one reason or another, cannot be discussed in our columns. It is preposterous to expect us to give specific medical advice by mail or, for that matter, in our departments of "Nursery Problems." If BABYHOOD did so, it would descend to the kind of quackery which is so rampant in other papers, and would do far more harm than its general hygienic advice can do good.

N. P., Silver City, N. Mex.

One or two things may be mentioned. Where catarrh depends upon inherited weakness, as you think it does in the case of your children, usually a good deal is gained by the persistent use of cod liver oil through the cool months. Again, a good many of the existing causes of catarrhal at-

tacks may be prevented by thoughts about dress and exposure, and you may find some useful hints from an article upon winter dress in recent numbers of BABYHOOD.

T., Dixon, Ill.

Tongue-tie is an unusual shortness of the bridle underneath the tongue behind the front teeth. If the tip of the tongue can reach the roof of the mouth the speech is not often interfered with. It is cured by operation only; but the operation is trivial in the extreme, consisting only of snipping across the bridle which holds the tongue.

L. S., Hamilton, O.

The orange juice may be given to any child who needs it as a cure for scurvy. To those not thus needing it we think it would better not be given, at least not to the very young, say not under six months. Of course, it is in any case not to be given at the same time as the milk.

M. P., Tampa, Fla.

The chief use of the band is for protection against bowel troubles when the weather is changeable. In the North, for instance, it does most service in August and September, when hot days may alternate with cool nights. Most bowel troubles are of bacterial origin, but it is still the fact that, other things being equal, the child that escapes chilling is safer than the child who does not. We think sponging the whole body with cool water is a safer and better method of diminishing susceptibility than going bare-footed. In your warm climate we think that water which has stood

long enough to be of the temperature of the air would be about right for sponging, not for immersion.

W. D., Kalamazoo, Mich.

We do not think the raw tomato as digestible as the cooked. If in any particular case—as of your children—you have found by experiment that the raw fruit does not disagree, there is no reason why it should be refused.

M. O., New Brunswick, N. J.

It is not probable that a child having five teeth at nine and a half months is very rickety. Very probably he is still weak in his lower limbs from his earlier malnutrition, and not well able to bear his present weight, which is fully up to the average. We incline to think that he does well to postpone standing. He will probably get on well before very long.

F. R., Sioux City, Ia.

We must say that if your little one of four months can digest a cow's milk diluted with less than one-third water it has an exceptional digestion, or the milk is very thin. The cream foods which you will find allusions to in *BABYHOOD* are modifications of cow's milk, with the intent to make a mixture similar in composition to breast milk.

T. H., Lincoln, Neb.

The best foods are probably those which have won the widest reputation, because unless they had something of merit this repute probably could not have been gained. Those that *BABYHOOD* has most knowledge of, and at the same time most confidence in, are frequently mentioned in its columns.

E. M., Newbern, N. C.

If your physician still thinks that your child should continue to take the emulsion, and you have confidence in his judgment, by all means follow his advice. He certainly must have reasons to base his opinion upon, while yours is but guess-work.

C., St. Joseph, Mich.

A great many cases of eczema take origin about the genital and anal regions. Irritation by the natural discharges causes a little redness, what we call an erythema, and this is very apt to change into an eczema. To prevent this, vigilance must be exercised to remove the diapers just as soon as they are soiled, and, after carefully washing the skin and powdering it, to replace them with dry, fresh ones.

A. U., York, Pa.

An ounce of lime water per day is not too much, it represents less than a grain of lime.

L., Stamford, Conn.

Gruels, strained of coarse particles, are preferable as an addition to milk at first, and these will probably be sufficient for some months to come. Indeed, until the entire first set of teeth has come, very little food that requires much chewing is advisable.

R. E., Cambridge, O.

The best stopper is simply clean cotton, absorbent cotton being the best. If for reason of transportation a cork is necessary, one can be prepared thus: Get fine corks with as few holes as possible; cut a long wedge-shaped piece out of the side of each reaching not quite to the top of the cork. The corks can be made pure by putting them into the chamber with the bottles

while the steam is generated. When a bottle is taken out a cork may be crowded into the mouth until the slit is closed by the compression.

M., Cleveland, O.

The recovery after typhoid seems in some cases to be pretty prompt. Often it is very slow, taking months, and even years, before the last traces of its damage is gone. Each case must be judged by itself, and the error, if any, should be on the safe side.

E. P., Leavenworth, Kan.

When we have the choice we think that a child would better not be exposed to the temptations of the parents' table until it is two and a half or three years of age, and we should prefer that it be four years before it is given a general diet as you describe; for instance, ordinarily a muffin is hard of digestion to anyone. We know of no use for cake for children of any age, and vegetables vary from some of easy digestion to some that tax the adult stomach.

T. H., Wilmington, N. C.

Ask your physician to carefully examine the prepuce in both cases and see if it is unusually adherent, and if circumcision or any other kind of interference is necessary. The fact that both children have the same ailment is, so far as it goes, corroborative of your physician's suggestion that the trouble may have originated from a nurse.

C. R., New York City.

The loss of appetite and repugnance to food so common in such a severe illness as scarlet fever is the way in which nature expresses the fact

that the normal powers of digestion are crippled. There is great danger in many cases here of overdoing the matter of feeding.

P. B., Mobile, Ala.

We do not think barley constipating, but on the other hand, it is not laxative as oatmeal sometimes is; and if constipation exists a gruel prepared from oatmeal in the manner so often described in *BABYHOOD* may be used.

P. H. D., Terre Haute, Ind.

We know of no standard preparation of prunes and senna. A "senna tea" may be easily made from the leaves with hot water, and the prunes be steamed in it. But such a decoction would be distinctly inferior to the several preparations into which senna enters and which can be found in the pharmacies.

G. L., Brooklyn, N. Y.

If you think you can safely omit a meal, the barley water will do as a drink, but barley water without milk has very little nutritive value, and of course cannot take the place of the food you are giving.

B. B., Zanesville, O.

No; they should not be offensive. Probably the child, as is usual at 12 months, cannot digest undiluted cow's milk, and the fermentation of the excess of proteids (cheesy part) causes the foul odor. Put one part of water to three or even two of milk and see if the stools are not less offensive.

T., Borough of Manhattan.

Jaeger flannel, we believe, can be bought by the yard, and garments made therefrom in the usual way, if you prefer.

The Mouth of the Child in Health and in Disease.

From the moment that the new baby has become fairly established as a member of the family circle, its comeliness is a matter of continual comment. If it is the first baby of the family, no divergencies of opinion and no uncomplimentary comparisons are ever permitted within the sacred precincts of its home. By universal consent, it is beautiful to a degree which can never be expressed by the few adjectives of appreciation found in the English language. Yet in hidden depths of thought, far from the gaze of the public, there may be doubts on the part of onlookers as to the absolute perfection of the new-comer's beauty; and if there are other children in the family, even the mother, who saw no blemish in her first-born, may harbor doubts as to whether the baby now under consideration quite comes up to the standard set by her upon the first occasion.

However true it may be that the features of the infant, as a whole, are generally more beautiful to the parents and elder children than to the world at large, there can be no doubt concerning the absolute loveliness of the mouth of a healthy infant, whether in repose or when lit up by one of those irresistible smiles with which the mother's cares are solaced. Undisturbed by that rivalry which the eye in later life maintains, the mouth reigns supreme among the young child's features, as the rosebud among

flowers. Yet even this winsome beauty of the baby's mouth has become a source of danger to the child which is only of late years beginning to be fully appreciated. Those tender lips, with exquisitely sensitive covering of mucous membrane continuous with the surface of the mouth, too precious for contact with any unclean object, are subjected forcibly and unwillingly to the caresses of a promiscuous public.

A plain description, from a medical point of view, of the dangers to which the baby or child is exposed whose mother insists on his submitting to be kissed by all comers would be too horrible, too repulsive, for these pages. The thoughtful observer turns away with loathing from the ordeal to which the helpless, perhaps struggling, child is exposed by emotional visitors at its home, or by the crowd of nurse girls and their acquaintances in the public square. The literature of medicine is dotted over with reports of cases in which the most terrible diseases known to the human race have been conveyed in kissing by persons supposed by the public to be free from disease. About a year ago a leading physician of Baltimore related to the writer the following, which illustrates the subject excellently. He was traveling with his little boy, and, coming to a hotel, lodged there. The hotel-keeper showed a fancy for the boy, took him upon his knee and kissed him once or more on the mouth. He then fell into

conversation and incidentally said that he was just recovering from diphtheria. The physician could hardly conceal his horror and alarm, and was in a state of anxiety for weeks lest his boy should have received the deadly diphtheria poison in the kiss.

The moral is, let the mouth of the child be kept for the purpose for which it was designed—the taking in of food for the nourishment of the body, an office for which it is admirably fitted by its delicate sensitiveness to touch and, in the older child, to taste. The heart of the physician is rejoiced when he hears of a mother who reserves the lips of her child for her own loving caress and positively forbids outsiders the privilege.

The Mouth Cavity.

Within the sensitive barrier of the lips lies the cavity of the mouth, fitted for the temporary reception of food, and opening behind into the nose, the gullet, and the windpipe. It is lined throughout by soft mucous membrane, which is easily inflamed by excessive heat or coldness of the food, or by the introduction of fermenting or tainted food. But little saliva is poured out into the mouth until the time when the teeth begin to make their way upward through the gums; yet a certain amount of digestion does go on in the mouth, and so it is more wholesome for the infant to suck its food slowly than to swallow it quickly from a spoon or cup. Moreover, in slow suction, there is an intermixture of saliva with the food which probably renders it more easily digested in the stomach.

The watchful mother is always on

the alert to detect symptoms of “tongue-tie” in her new-born babe, and in many cases forces the doctor to operate on a perfectly natural tongue. If the baby nurses and swallows with ease, it may be inferred that the attachment of the tip of the tongue to the lower jaw is sufficiently loose. If difficulty in speech is found later, the tongue may then be examined again for tongue-tie.

It is very important that the mouth of the infant should be kept clean. Naturally it is sweet and pure, having no teeth to taint it with decay; but particles of decomposing food may remain in the recesses of the mouth, especially in feeble children, and by their presence set up irritation. In the daily washing of the mouth, even when there is no inflammation, great care should be used to avoid injury by undue roughness. A soft rag upon a gentle finger is best for this purpose. Especially should the roof of the mouth be cleansed with gentleness; for although it seems hard and bony, there are little elevations at the middle and back part of the roof in many infants’ mouths which, when bruised with the finger, turn into ulcers and then even favor the development of thrush. Some nurses, who possess more muscle than sensitiveness, scrub mercilessly, and are in ignorance of the presence of these delicate structures in the infant’s mouth.

Inflammation of the Mouth.

Simple inflammation of the mouth is very frequently met with in children. Its presence is shown by unusual redness of the lining membrane of the mouth (perhaps swelling), and

pain on taking food. Although a slight ailment in itself, and relieved usually by proper treatment, it may, by depriving the child of needful nourishment, quickly bring on a condition of weakness which is extremely dangerous, especially to a young child of feeble constitution; and, furthermore, it makes the child more liable to contract other, and more severe, diseases of the mouth, by lessening the resistance of the parts of infection from without.

The treatment by drugs falls properly to the care of the physician; but the simpler methods of treatment should be understood by every mother. In order to understand these it is only necessary to know the causes of the inflammation; for when these causes are prevented from acting, the mouth usually heals without difficulty. Among them "teething" is credited with more than its proper share of mischief; for the appearance of the teeth beneath the surface of the gum ought, in a healthy mouth, to produce only a little local inflammation, if any, and not a general inflammation of the whole mouth, such as is now under discussion. (The subject of teething is not included in the present paper.) The inflammation frequently arises from uncleanness of the nursing apparatus, particles of milk being allowed to remain in its crevices and ferment, so that by their acidity and by other unwholesome conditions they set up irritation of the mouth at the next nursing. Careful mothers, if they feed their children with the bottle, wash the rubber attachments after each nursing and put them into water containing bicarbonate of soda

(bread soda) until they are needed again. For this reason the nursing apparatus should be as simple and as easily cleansed as possible.

The apparatus employed by some mothers, which has a long rubber tube between the bottle and the mouth-piece, is especially to be avoided; for it is almost, if not quite, impossible to get it clean inside after it has been used.

In health the infant's mouth should be washed out gently several times a day with water which has been boiled, and a soft cloth or piece of absorbent cotton, the cotton being immediately thrown away, and the cloth thrown away or carefully washed. In older children the use of the toothbrush will keep the mouth clean. When the young child has a fever or other general illness, the mouth should receive special attention; and frequent cleaning with cool water containing bicarbonate of soda, chlorate of potash, tincture of myrrh, etc., will not only prevent foulness of the mouth and tongue, but also give most agreeable refreshment to the patient.

At a certain period in the development of its intellectual powers, the infant seems to depend very much upon its sense of taste for gaining acquaintance with the strange world into which it has come. Every small body which comes within its grasp is placed between its lips and dwelt upon in a meditative way indicative of the deepest philosophical reflection in regard to its physical properties. The number of objects which an active baby tests in this way during the waking hours of a single day is simply enormous. Although simple dust

and dirt appear to have no injurious effect upon the baby's mouth, it can hardly be doubted that paints, varnish, etc., do occasionally cause irritation, and even inflammation; although they are not nearly so dangerous as the fermented milk particles already mentioned.

When an inflammation of the mouth has been discovered, the nursing apparatus should be cleaned with unusual care; rough, harsh rubbers should be replaced by soft, smooth ones; and the mouth should be cleansed more frequently with cool or warm boiled water, as is most agreeable to the little sufferer. Linen clothes soaked in ice water or containing crushed ice often give much relief to the fevered mouth if placed within it. The infant who will not take its milk in the usual way must be fed with a spoon or out of a cup, since it is very important that the strength of body be maintained. The custom of some mothers of letting the child wet its mouth or gums with paregoric now and then in order to relieve the pain is injurious, sometimes causing very obstinate chronic constipation.

It should not be forgotten that the inflammation of the mouth may be the result of disease in other parts of the body. It may be caused by catarrh of the nose cavity, by disease of the stomach, and by many dangerous conditions of the general health, which rather than the mouth disorder, demand treatment by the physician.

Ulcerated Mouth.

Two distinct forms of ulceration occur in the mouths of children, which are sufficiently well marked for de-

tection by the intelligent mother. The first form is identical with the very painful and very persistent sore spots, about as large round as a pea, which appear at times inside the lips and cheeks and on the tongues of older people, staying a week or two and going away of themselves, but rendering the taking of food almost impossible through their sensitiveness.

In the young child these sores are sometimes found in large numbers, covering in some cases the whole surface of the mouth. They appear first as hard whitish spots in the substance of the skin, not on its surface; and in a day or two turn into little sores more or less painful. There is no foulness of the breath, and the sore spots have no membrane formed upon them. They are very obstinate to cure. The treatment belongs to the doctor's care.

The other form of ulceration is a very peculiar condition, found most often among the children of the very poor or in asylums, but sometimes caught by well-to-do children from their schoolmates. It is found only in children who have teeth. It begins with swelling of the gums where they join the teeth. The gums creep up upon the teeth, and become soft and bleed easily. Yellowish seams appear upon them, and foul matter collects between them and the teeth, the gums falling away a little from the teeth, and so forming pockets for the matter; then sores of the same kind form on other parts of the mouth, where the matter from the sores touch the healthy lining membrane. After the disease has lasted

for a time, the breath becomes offensive, so much so at times that the patient must be placed in a room by himself. The disease may be caught by one child from another, even by using the same cups and spoons. There is a great flow of saliva from the mouth. If neglected, the disease may become chronic, or it may cause loss of the teeth, or even of the bone of the jaw. There is no membrane formed on the sore places. The disease never spreads outside of the mouth to the skin of the face.

The treatment requires a physician's skill. When the physician is called soon enough, and is allowed to continue his attendance as long as there is any excessive flow of saliva, the disease, as a rule, yields quickly to his chosen remedies, and does not return. In half-cured cases there will be a return of the trouble.

The points which are of importance to the mother are the contagiousness of the disease from child to child; the dangers of delay in calling the doctor; and the fact that fresh air, good food and wholesome, clean homes, aid in protecting children from it. Children who have the disease ought to be kept from school and from other children until they are quite well again.

The somewhat similar disease which is caused by too free use of mercury and calomel does not need discussion here.

Those diseases of the mouth in which membrane appears upon the sore places, or upon apparently healthy surfaces, cause great anxiety to the mother; and while she should be very careful never to meddle with conditions which she does not thor-

oughly understand, but should rather be ready to cast the burden upon the family doctor, she should inform herself as well as possible concerning the peculiar appearance of these disease processes and certain simple principles of treatment. Although "a little knowledge is a dangerous thing" in a foolish or headstrong person, it is a great blessing to an intelligent, careful mother, saving her from much anxiety and making her a better guardian and nurse to her little ones.

Thrush.

This disease, although attended by the appearance of a membrane upon the surface of the mouth, is often so easy to recognize and so simple to treat, that the mother or nurse conducts the case to a successful issue without the aid of the physician. In certain cases, however, it presents an appearance which puzzles the untrained observer; and in severe cases it is not confined to the mouth, but affects also the digestive organs, threatening the life of the little patient.

The disease is characterized by the appearance on the tongue and walls of the mouth of white, curdy flakes, which may be mistaken at first glance for bits of curdled milk. The milk curds, however, which remain in the mouth after nursing, can be easily wiped off with a touch of the finger; while the thrush flakes are more or less firmly attached to the affected parts. If proper treatment is not employed, the thrush spots will appear in other parts of the mouth, until the whole surface may be dotted over with them; and they may even spread

down the throat, and in the worst cases interfering with swallowing and even causing death in the case of weakly infants.

The white masses seen in thrush are composed of microscopic fungus plant, which lights upon the mouth—from the air, we suppose—and if the mouth tissues are already irritated by catarrh or by unclean nursing appliances, or are in other ways enfeebled, the plant grows rapidly and spreads to neighboring parts. The plant is not in itself poisonous; but it causes some disturbance of the parts on which it grows by its presence as a foreign body; and, if it is very abundant, or attacks the deeper tissues, it may cause pain and difficulty in swallowing, and the patient may positively refuse to take food. In an infant naturally feeble, or weakened by other diseases, such as diarrhoea or cholera infantum, this difficulty in taking nourishment is fraught with great peril.

In some cases the growth spreads to the mother's breast, producing a thin white film upon the parts which lie about the nipple, but doing no further harm.

The treatment of thrush is in many cases very simple. Different brands of "thrush powders" are sold in the drug stores. The intelligent nurse, however, usually applies a simple solution of borax in water or in honey several times a day to the mouth, gently rubbing away the white masses. These come away more easily if softened by some alkaline solution, as a teaspoonful of bicarbonate of soda to the tumbler of tepid water. It is doubtless wiser to have the physician's

advice in all cases, as the thrush is most apt to attack children whose general health demands medical care.

Scrupulous care in keeping the nursing utensils clean, and in securing pure, wholesome food for the child, will go far toward protecting him from the disease, and will prevent new attacks during convalescence. All white patches about the tongue, mouth and throat of a child should be carefully examined, when first noticed; and unless the mother is certain that they are deposits of thrush, the physician should be at once called. In all feverish or languid states the mother should be careful to look at the mouth and throat to find whether they contain suspicious white patches or not. The writer has known medical students to neglect this precaution, and to have their attention drawn off by unimportant symptoms when there were all the while diphtheritic patches in the throat.

In most instances a full view of the back of the mouth and throat may be obtained by gently pressing down the tongue with the handle of a teaspoon. When children resist and clench the teeth, the head and arms should be firmly held, while the spoon-handle is pressed gently but steadily between the teeth and back along the roof of the mouth. As soon as the throat is touched, the mouth flies open of itself, and the practiced eye of the mother may get a quick glimpse of the whole throat and detect any membrane that may be growing upon it. It is well for the mother to take pains to learn how to inspect her children's throats in sickness, for the mere fact that she knows the

throat to be free from membranous patches will be of great comfort to her in time of uncertainty as to the true nature of a child's malady.

Diphtheria.

Of all diseases of the mouth, this is most dreaded by the mother, because it is in many cases fatal, because it is contagious, and because it sometimes comes on so stealthily that its presence is not detected until the case has become hopeless. It is doubtless true, however, that in well-managed households it has lost its terror; for diphtheria, whatever may be its contagious principle, is a disease of filth and squalor. It avoids the clean, dry, well-ventilated, well-plumbed dwelling; and, if by chance it is brought from without into such a dwelling, it does not easily thrive and spread there, especially if care be taken to keep the affected surfaces as clean as possible and to destroy all discharges from the diseased parts. Moreover, judicious treatment from the beginning by the physician, and faithful, intelligent nursing, will save most patients. When diphtheria occurs in epidemics, it is, like many other contagious diseases, often very fatal, in spite of the best treatment, and is more liable to enter homes which appear to be clean and wholesome.

As this article is not written for medical men, but for mothers, no attempt will be made to describe the differences between diphtheria and the diseases of the mouth which closely resemble it. If membrane is found in the throat, the wise mother will not stop to consider whether it is from diphtheria, or croup, or ton-

silitis, but will send at once for the doctor, and will let him decide what its nature is. The fact is that even the best physicians cannot tell always whether a throat is diphtheritic or not; and it is, therefore, very absurd for the untrained mother to attempt to do so. The writer knows of an instance where the child of a skillful physician was attacked with what seemed to be simple inflammation of the tonsils, and recovered, and within a few days another child in the family was taken with fatal diphtheria. The physician believes that they were both the same disease, and that the second patient caught it from the first. To the trained physician the differences between simple inflammations of the throat or tonsils and diphtheria are, in many cases, so marked that he can say that the white patches are positively not diphtheria, although in other cases he has to wait a day or two in order to decide. If he says positively that there are no signs of diphtheria, the mother need not be anxious about the little one.

If a child is taken ill with diphtheria, the mother has many important duties to perform. Most careful nursing of the child is necessary, under the physician's guidance. The other children must be isolated from contact, not only with the sick child, but with those who go into the sick-room. The cellars, water-closets, drains and sinks of the house should be carefully inspected, and any foulness should be corrected. Stagnant pools of water near the house should be drained or disinfected. The well should be examined, to see if the drinking-water has been polluted by

drainage from the house or otherwise. The place in which the milk or vegetables are stored should receive attention. All discharges from the patient should be burned or disinfected, and all clothing or bedding should be disinfected after using. Last of all, those who are in attendance in the sick-room should avoid excessive fatigue, and should obtain sleep and daily exercise in the fresh air.

If the attendant is careful in these respects, and does not eat or drink out of vessels used by the patient, or with unwashed hands, there is no reason

why she should catch the disease. Whatever the contagious matter of diphtheria is, it seems to be a solid, and is not often, if at all, carried by the breath of the patient or by the atmosphere of the room. To catch it, a person must usually put it into his mouth directly, as by spoons used by the patient, or by unwashed hands. As an additional safeguard the attendant in the sick-room may wash the mouth and throat occasionally with a cleansing solution, such as chlorate of potash in water, since irritating deposits about the mouth and teeth favor the catching of the disease.

Convulsions.

In this article we will consider that class of convulsions most frequently met with in children under three years of age, such as come on during apparent health or slight illness, rather than those which develop during or at the close of some serious disease. We know of nothing that will so quickly and thoroughly demoralize a family as the occurrence of an unlooked-for convulsion in one of the children.

A certain degree of fright on the part of the friends and relatives is to be expected, as the appearance of a child during a convulsive seizure is most alarming to those not accustomed to the sight. We are sure, however, that the fright and anxiety would be lessened to a great extent if the nature and termination of such convulsions were better understood, and if it were known that the cause in a large majority of the cases lies in the gastro-

intestinal tract, due to an error in diet, and that the attack is not necessarily a symptom of brain disease, as is usually imagined; further, that nearly all such convulsions are entirely recovered from if intelligently managed. Nearly all of the attacks of this nature which we have seen occurred either in badly fed bottle babies, or in those beyond the bottle age who were given their food irregularly or in quality or quantity unsuited to their age. The custom in some households of giving the baby "just a little taste" of some forbidden food is not an infrequent cause of convulsions; the child is pleased with the new sensation, demands more, the "tastes" are repeated and trouble follows. In a few cases we have known a seizure to follow a single indulgence in cake, pie or fruit. We have seen but four cases in fairly well-managed breast-fed infants. In these, one attack followed a fall, the

child having received the full force of the fall on the head; in the second, it was the initial symptom of lobar pneumonia; the third was a case of infantile paralysis in which convulsions attended the acute stage; in the fourth, convulsions resulted from a profuse cerebral hemorrhage. In a case occurring under our care an eighteen-months-old girl had repeated convulsions. The mother supposed teething to be the cause and was frantic because we refused to lance the perfectly healthy, innocent gums; there was no sign of a tooth coming through. After a large dose of castor oil had been given, the patient passed one-eighth of an orange.

Children with rickets are especially predisposed, and an indiscretion in the diet which in a healthy child would produce no discomfort may bring on a violent attack in one so affected.

Teething as an exciter is generally supposed to play an important role. This process as a direct cause, through the irritation produced by the pressure of the teeth on the gum can, in my opinion, be excluded entirely. Between nine hundred and one thousand infants have cut their teeth while under the writer's care, some of whom had convulsions while teething, but in not a single instance was the teething process a direct cause. Thorough investigation of the circumstances attending the attack and examination of the patient would reveal the true seat of the trouble, which was usually found in the alimentary tract. Had these teething babies been examined only superficially, or had they not been examined at all, as is too often the case, the

cause would most certainly have been ascribed to the teeth.

A very interesting case in a child under one year of age was reported several years ago in the *London Lancet*. A long hair became fastened between two teeth and hung down the throat; the irritation of the alimentary tract thus produced caused repeated attacks until the hair was discovered and removed.

Convulsions may occur in the very young and weak as the result of heat prostration. Worms are mentioned as a fruitful cause. We have seen but one case of this nature, in a strong boy of three years. That he should show marked nervous disturbance is not surprising, as vigorous, well-directed treatment removed forty large round-worms during the next three days.

Lobar pneumonia is sometimes ushered in with convulsions, but this occurs far less often than we would be led to suppose. Among seventy-five cases which we have had the opportunity to observe, convulsions were the initial symptom in but three. The onsets of the brain diseases known as simple and tubercular meningitis, according to our experience, rarely occur with convulsions; they are, of course, a common symptom of these diseases, but usually appear after a period of illness, the symptoms of which are very often diagnostic of serious brain disturbance before the advent of convulsions.

Cases have been reported which were supposed to be due to the irritation produced by unsuitable, tight or ill-fitting clothing; this is certainly not a very common cause; if it were

the physicians of this country would be fully occupied caring for infants with convulsions.

The question is often asked, can a child inherit a tendency to convulsions? The offspring of the epileptic and the neurotic are certainly predisposed. The decidedly ancient notion that an infantile eczema should not be treated and cured because it may "strike in" and produce convulsions is too absurd to deserve further mention.

Simon believes that 80 per cent. of the attacks occurring in young children are due to digestive disturbances. Concerning the entire number of cases seen by us, 80 per cent. were not due to simple digestive trouble. Besides those occurring during brain diseases, quite a number developed during whooping cough complicated with broncho-pneumonia. Many of the fatal cases of inflammation of the bowels have convulsions late in the disease, death frequently occurring in the attack. We have also seen a few cases occur during scarlatina, measles, malaria, diphtheria and Bright's disease. As regards these cases, however, which come on during apparent health or slight illness, fully 95 per cent. were due to some disturbance in the stomach or intestines. With proper feeding, bathing, clothing and fresh air, the chances of convulsions are very small indeed.

What is to be the management of a child if attacked? The family physician must be summoned at once, a

hot mustard bath should be arranged as soon as possible, into which the child is placed and kept from ten to thirty minutes, by which time the seizure will ordinarily have passed off, and the child will make known its return to the normal condition by crying. As soon as swallowing is possible give from 1 to 2 teaspoonfuls of castor oil, according to the age; in case vomiting follows, it may relieve the stomach of offending material; if the oil is repeated in a few minutes with a few drops of whiskey added, it will almost always be retained. When the patient is removed from the bath, rub him vigorously until dry, put him in his crib, and apply cold cloths to the head; do not hold him on the lap. The room should be cool, darkened slightly, and the patient kept absolutely quiet. If the bowels do not move in a reasonable time, a large warm-water enema should be given. The enema should be given as soon as, or even before, consciousness returns, if there has been habitual constipation, or if the abdomen is at all distended.

The management during the few days following the attack is important. Light and easily digested food must be given—preferably fluids; the bowels should be carefully looked after and all means of excitement avoided; plenty of fresh air is also of benefit. The physician should always be sent for, no matter how light the attack, as it is very apt to be repeated if the cause is not discovered and removed.



Infant Ethics in Its Sickroom Aspect.

It is of the greatest importance in the case of a sick child that he be under control, that he be accustomed to obedience, and that of the most unquestioning kind. Who has not witnessed in the illness of some child the stormy scenes of resistance, the paroxysms of passion and temper which exhaust the little invalid and agonize the devoted mother? I would therefore make a plea for an early discipline in mechanical obedience, at the "word of command," and in such self-restraint as may be cultivated in a very young child; not altogether with the aim of improving his morals, but as a resource in the physical perils to which his life is liable.

The fire drill of the schools is not regarded as a senseless precaution, though years pass without a practical demonstration of its utility. Yet how much more likely is the probability of some illness in an infant too young to be reasoned with, whose resistance to nourishment, medicine, stimulants, local applications, baths or rubs may be a serious factor in the treatment of his disease. Never quite so bitterly do parents reap what they have sown as when it comes to such an illness in the petted darling of their indulgence.

It is not enough to be always thinking how to prevent your child from falling ill. Consider also how you will manage him if he should be ill. The best hygiene, the most carefully regulated feeding, baths, clothing, exercise, do not insure the beloved little one against measles, scarlet fever, diphtheria, pneumonia, burns, or

broken bones. And the child's very life may depend on the facility with which certain aids to recovery can be made available.

The Infant's Will.

Obedience and self-restraint are manifestations of will. Now, the will of a babe is relatively weak and unstable, especially in self-control. The reasons for this are the imperfect development of the brain; the limited experience of the results of action; and the feeble power of attention holding the mind to one point for any considerable time.

The early or first training directed to a baby's will begins by increasing opportunity for muscular experiences, by affording freedom for execution of the manifold kicks and wriggings of the little being, all of which are essential to the attainment of voluntary control of the muscles. As the child grows older there should be encouragement of a certain reasonable amount of imitative movement at command. Has not the intelligent mother noticed that a child of strong or exceptional muscular development seems correspondingly "self-willed"?

The Prohibitive Idea.

The idea of prohibition in certain directions may begin very early, in some children as early as the third or fourth month. This will be long before those higher centers in the brain are developed which are called by psychologists the *centers of inhibitive volition*. A word, a tone, may come to mean to the child prohibition. What

mother has not seen it? This furnishes the *prohibitive idea*, which, following an impulse in the moment of execution, will arrest the motion which is imminent. Repetitions of prohibition in relation to particular objects or acts will insure the association of prohibition with them.

The habit of responding to prohibition may be cultivated, and should be, as the invaluable resource for control of the infant's actions in health as well as in illness. The "No! No!" of the mother's voice should arrest the little hand put forth to grasp forbidden objects, to touch dangerous things; should check the little unsteady feet running into unknown dangers; should hush the cry of anger, vexation or bodily discomfort; should stop the struggles of resistance to necessary attentions in illness, where the exhaustion of a stormy scene is too much for a little sufferer.

The Word of Command.

And as soon as imitative movements can be seen in the baby's acts, an elementary form of commanded movement may be taught. *Not to do* certain things which the child feels the original impulse to do, may be followed by orders *to do* things where the idea is suggested.

It may be asked, "but must the baby not understand language in order to produce an act to correspond to a given word?" True, it is his first introduction to language—the association of a certain sound with an act. First accompanied by an interpretive movement, he sees the word, as it were, illustrated. He imitates the movement, and gradually, by patient repetition, the chain of association of

ideas is formed between the word and the act called for. This is exactly the process followed in the teaching of dumb animals, where a simple form of association of ideas is possible. The "word of command" should call up in the child's mind the picture of the action demanded, which should be executed without a moment's deliberation. "He who hesitates is lost." This is mechanical obedience—the obedience of the soldier.

Application.

Imagine a sick room with a little child ill with diphtheria. The disease produces great prostration. The physician has ordered local applications to the throat at frequent intervals. A violent struggle with the little patient on the part of the mother or nurse might precipitate heart failure. Imagine the mother able to say to the physician, "Oh, I can depend on my baby's holding still when I tell him to, and opening his mouth for whatever I offer to do to him."

Suppose again one of those cases where the child resolutely refuses to take nourishment, or stimulants, or medicine. The usual scene is either terrific roars and kicks (if the patient has the strength), or else quiet closing of the jaws, and turning the face to the pillow at all advances. The trained nurse, to be sure, knows how to grasp the child's head as in a vise, holding his nose till he opens his mouth for breath. But how much better to attain the result at a few gentle words from the mother, or the gentle hint of slipping the spoon between the teeth, when the habit of docile obedience opens the little mouth and the needed draught is swallowed. G. L.

Leaving Children to the Care of Nurses.

There is no duty of the mother so important, so sacred, as that of personally caring for her children; especially when they are very young. Duties to society, to education, to philanthropy, should all be secondary to this home duty.

What excuse can be offered for the woman who hires a nurse for her children and then gives up all her time to so-called duties and pleasures which call her outside her home and away from the supervision of the nursery? It is not easily possible to secure for money, however liberally one may be able and willing to spend it, a person who will equal in refinement and education the child's own mother.

The care of children has been regarded as one of the lower occupations, and few educated girls will take the position of a nurse. Yet the brain and the thought-power of a child develop far more rapidly during the first two years of life than at any later period, and the child's disposition may be easily spoiled by injudicious handling. The difference between a fretful, cross child, making himself a nuisance to all around, and a sweet-tempered, laughing baby, is largely a matter of regularity and careful management. The impressions received, the language spoken, and the direction taken by the child's mind, are those of the persons with whom he comes most in contact. It is for this reason that French and German nurses are often sought, that the child may easily and

naturally learn a foreign language. One hour with the mother will not counteract the effect of twenty-three hours with the nurse. Even granting that the care of an intelligent nurse over the physical wants of a child is of more value than that of a mother (which I do not believe), the direction of mind is far better taken charge of by the mother. This is not advocating a precocious education for the baby, but simply that the budding mind may have the best atmosphere to unfold in.

Let me give a few examples of the false impressions that the little ones often receive from their nurses. Many children live in constant terror of the "bugaboo" who catches naughty ones in the dark, or the man under the bed who will come out after them if they are left alone. Or they are taught to fear mice, spiders, worms and other harmless lower animals. This fear is never natural to children, but is taught them at so early an age that they seem to have been born with it. A little child who sees a worm for the first time feels only interest and curiosity about it. He laughs, and wants to put his finger on it, to see how it feels and what it will do. Some ignorant person says, "the worm is nasty" or "the worm will bite you"—and the child ever afterward fears that he may be bitten or poisoned by a creature that has no weapons against the human race, and whose habits are intensely interesting to many older as

well as younger people. There is nothing more ridiculous than to see a girl scream and run away from a tiny spider. I know a lady who was laid up three weeks with a sprained ankle, the result of her frantic attempts to escape from a little mouse, who was doubtless far more frightened than she. Yet I cannot remember the time when I had the slightest fear of any of these creatures. My mother taught me that they were harmless and interesting. Teach a baby under two years this fearlessness, and his mind will never be influenced against his early teachings.

Little children are naturally cruel from ignorance, and need a gentle mind to teach them that an insect or a kitten can feel pain as well as they. The girl, at six years old, who drags her kitten around the yard by a string tied around its neck, began with a nurse who did not teach her to care for and protect all beings weaker than herself.

Can we trust the nurse to guide and develop the early sense of right and wrong? Too often she comes from a family or a race in which these distinctions are far from clear in the minds of the elders. The child soon learns that nurse does not always tell the truth, that her word cannot be depended upon, and he naturally imitates her in this respect. We see little children pushing one another away from the best place, seizing the best piece of cake or the largest orange. It is but natural to the human mind. But this little seed grows into the great tree of selfishness and carelessness of the interests of others, of which we see so much in adults. Some

children scream and howl whenever their wills are crossed in any way. A firm hand to break this habit means comfort and peace for the family in the future. These lessons of fearlessness, of unselfishness, of kindness and of self-control cannot be learned too early. The child who lacks these lessons develops into an excitable, high-strung, nervous being, a curse to himself and a constant anxiety to his parents.

Let us turn to the physical side of the baby's nature. If it were the custom to train young women to the care of well children, as it is to train them in the care of the sick, the nurse might be trusted with their physical welfare. But, unfortunately, our nurses are trained by experience only. All that is necessary is for a young woman to decide that she likes the care of children, and to present herself before the public in that light, to have her received into some unsuspecting person's family and given the care of young children. She is probably ignorant of the rules of hygiene, of the needs of fresh air, and the ways of ventilating a room without a draft, of the proper temperature at which to keep her nursery, and the best ways of feeding children. She has seen her small brothers and sisters sit up to all hours of the night, eat anything they can lay their hands on, and at any time they see fit to want food, and tumble about the floor as they like. These plans tried on her new charges soon bring about indigestion, bronchitis or irregular habits of sleeping. The results are but natural. In the absence of her mistress, she corrects her little charges at will; they learn to fear a

blow, or to scream for whatever they want. The foundations are laid of ill-health and an excitable, unstable, nervous condition, which has much to do with the prevalence of nervous diseases in later years.

Am I depicting an extreme case? Then modify it for yourselves, and fill in the picture with other details. Let us take an "experienced" nurse. Can you safely trust her discretion in the matter of taking the children out in all weather and to all places? I know of a nurse who took two children, two and a half and five years old, to her home, where her father lay in bed, sick with smallpox. It was only by the description by the older child of "a man with sores all over his face" that the horrified mother learned where her children had been. The nurse had been so used to the presence of smallpox in a southern city that she knew no better. Many of the nurses whom I see on the street are attending far more to gossip about their own affairs than to the welfare of their charges. If we fear to entrust our valuable bric-à-brac to the care of servants, how much more

precious are these troublesome little comforts?

Then watch over your nurse in season and out of season; study hygiene and diet; find a physician not too busy to talk over these subjects with you, and let him teach you how to keep your children well, instead of coming to them only when they are sick; and never let your nurse think that she knows more than you about the care of children. Spend as much time as you can possibly arrange with the children, and leave some of the cares of society and of charity to the women who have no "little darlings." A physician's wife said to me the other day, "I fear I shall not have time to come often to the club, as I am one of the mothers who are old-fashioned enough to take care of their own little girls." I went away, thinking what a sensible mother she was. Above all, teach your children to love you most of all, and not to cling to the nurse in preference to you. This will take time, but in it lies the hope of making them healthy, hearty and pure-minded.

E. P.

The Mothers' Parliament.

A "Chicken-Run" in the Nursery.

"Oh! yes; I'd like to see any one keep my baby off the floor," said a friend of mine one day, when the conversation had chanced to turn upon the necessary caution in this matter for the winter months. "To be sure, he has a little cold now and then, but what does that amount to? And it

remains to be proved that his sitting on the floor most of the time has anything to do with it."

Nevertheless, I had studied to keep my little two-year-old from sitting on the floor continually, and believed that the one thing lacking was a platform or long table on which he could roll his little wagons, balls, and what-nots;

for this disposition to sit down and pull or push them on the floor was, I believe, merely owing to the fact that he had *no other place* for them, his own little table being too small, and all other furniture being too high. Anyhow, I determined to try the experiment of giving him a long "run" of his own, of a suitable height, and see what would come of it. I devoted an entire side of the room, the warmest side, where there were no windows, to him, and at a small expense had three wooden supports, or "horses," made, one foot high, and laid across them two boards fifteen feet long. I tacked a piece of muslin over the entire platform, letting it also hang over the front (though I think this style of covering may be improved upon), and it has proved a great success. My little boy finds it suitable for everything from a railroad to the street of a city, and the processions that travel from one end to the other could hardly be enumerated. It gives him a kind of two-story playground, for he was not long in discovering that the under part made a fine store-room for toys not in use.

The result that I specially wish to speak of is the fact that it *has* kept him from sitting on the floor; for many an hour that he has spent in healthful exercise going from one end to the other alongside of his table he would inevitably have spent on the floor except for this, and I believe it has spared him many a cold. Another advantage is that the usual "litter" of the nursery is no longer in the middle of the floor, or all over, but gravitates naturally to the narrow space which has now become known as the "chicken-run," and is recognized by

the child as his own domain, into which no intrusion is allowed without his consent.

M. L. W.

A Plea for Patience.

Many a penalty for disobedience and obstinacy is inflicted upon children most unjustly. To verily disobey, a child must have, first, a clear conception of the command given, and second, must entertain the purpose to act in defiance of it. Often through indiscretion and superzealousness on the part of its superiors, a human infant is placed in the same category as a horse in the hands of an imperious and impatient trainer. Either it does not get the purport of what is wanted, or it is so dazed by fear and excitement that to do the bidding becomes a physical impossibility.

A woman took her year-old baby to a neighbor's house and left it in the care of her neighbor's servant, while the two women went out together on an expedition of some kind. As soon as they were out of sight, the servant, wishing to employ herself in another room, shifted her responsibility of minding the baby to a little girl of the family five or six years of age. It was an unwonted task for the little miss (who was herself all the baby there was in the home), but she laid her toys before the little one in the cradle where it had been placed, and took up a position beside it.

After a while the infant eyes began to wander in search of a mother; a whimper was set up, and this developed into a loud and thrilling cry, having in it the unabridged history of an abandoned child, while the child-nurse could only look on with an equal sense of helplessness. At this a door burst

open, and the servant bounded into the room like a lion into the arena.

"Why don't you talk to the baby?" she screamed. "Talk and amuse him, I say, if you don't want your ears boxed till your head is knocked off your shoulders." The child had an inward struggle of trying to think of something to soothe her weeping charge and to open her lips with it; but there she stood motionless like one hypnotized, and it is doubtful whether she would have uttered a syllable had the domestic literally executed her threat.

Fortunately, at this crisis, another villager lifted the latch, unconsciously coming to a rescue. In a moment she had the baby transferred to her knee and the little girl encircled with an arm; thus she put them into pleasant communication, Baby finding Etta's ears, eyes, nose and mouth, and Etta counting Baby's fingers to the music of a nursery rhyme. A whistled canary song proved a pæan of rejoicing and the woman with a soul above threats left the two children supplied moderately with animal crackers and candy, bounteously with good nature and good will.

I have known a sensitive pupil to have a well-committed lesson totally struck out of mind for the time—locked up and the combination forgotten—through being unexpectedly called to recite to an unsympathetic teacher who did not hold the key to her intellect and her affections. To as much purpose should we quarrel with the strawberry for not yielding up its richest flavor until touched with sugar as find fault with and attempt to reconstruct natures such as this.

If we look back over the few years which have passed since the children with whom we are dealing came upon life's stage, how short the period it marks in our longer lives! The wonder is that they have learned so much, rather than that so much is yet unlearned. Unlike our duties whose every detail is familiar through endless repetition, all a child's tasks are comparatively unaccustomed tasks. The young mind may be considered as a piece of fine mechanism still in course of construction; it does not operate with all the celerity and accuracy that may be expected of it in the future. G. L.

The Cry-Box.

Little Margaret, aged four years, was a very sweet little girl; but she had, since her third birthday, contracted a habit of crying when things did not suit her small ladyship. If she could not have what she wanted she cried; if she could not go where she wished, she cried; and if she had to do anything she did not want to, she cried again. She did not cry for a short time only, but often for half an hour at a time, although her mother never altered a decision after she had reached it and knew it to be right.

"But, Margaret," her mother used to say in despair, "why do you cry so, when you *know* you *never* get anything by crying?" "But I *want* it," Margaret would sob, amidst her tears.

Sometimes her mother would go quietly out of the room, and leave Margaret to herself and her tears; but she usually found her with her dismal companions when she returned, so she concluded at last that leaving her

alone did not better things. Besides, she enjoyed no peace at such times, for, although she went to the most remote room in the house, in fancy she heard the little voice sobbing, and saw the small tear-stained face.

Sometimes she took the child and administered a spanking; that was usually more effectual, and the tears soon ceased. Her conscience told her she was right, and she saw, after the first added burst of tears, caused by the punishment, subsided that she had her good little girl again. But it hurt her to touch the tender flesh with the rod of correction—it did not seem right—and she had an absurd feeling that she was taking advantage of the child because *she* was large and it was small. At last she resolved to find some other means of punishment which might be gentle but effectual. Then a happy plan suggested itself, and she lost no time in carrying it into effect.

"Please send me up a box about 4 inches taller than Margaret, and just wide enough for her to turn around in comfortably," she said to her husband at dinner, the day she had thought out her plan. Her husband raised his eyebrows interrogatively, and received the brief answer that it was for a "cry-box." Margaret opened her eyes very wide, but said nothing. Her father smiled and departed, wishing his wife success. The box arrived soon, and it was not an hour after, that Margaret could not have the silver pitcher to play with, and a spell of crying began. Her mother said nothing, but going to the child, gently picked her up and placed her in the new box; then the astonished child

discovered the meaning of the words "cry-box." She was so surprised she ceased to cry, and in three minutes her mother helped her out.

Of course one trial did not effect a cure, but the box was not an agreeable place to Margaret—she could see nothing but the ceiling and the box sides, and as she was allowed no playthings in it, she was soon ready to be good and be released. Gradually her crying fits became less frequent and shorter. Before many weeks had passed it was only needful to take Margaret's hand when she began to cry, and walk toward the box, and the atmosphere would be sunny again. The box still remains in the nursery, for it is sometimes needed still, and its very presence has a wholesome effect.

C. V. D.

A Novel Bedfellow.

Little Gracie rolls about in her sleep like a billiard-ball. Sometimes it is her curly head that I find softly nestled against my cheek; sometimes her feet are thrown across my chest with as much freedom as her little arms, that pull at my heart-strings in a way that defies resistance when they give me "love taps" in her dreams. I think that a warm heart is more grateful even for this spontaneous and unconscious affection of a child than the demonstrations that we expect in waking hours. But aside from the romance of such a charming fellowship, there are calm reasons for regarding the pleasure it affords in the light of a dissipation not to be indulged in too freely. A crib for each little child is well, but not always practicable, and the expedient that we have tried serves

a very good purpose when it becomes necessary for two young children to occupy the same bed, or when an older person is called upon to share his couch with a little chick too young to lie still. The device is simple enough to have occurred to any one, but not every one with sleep thus broken has thought of it, or taken the trouble to try it.

What is wanted is a long piece of wood, wrapped with cloth and placed under the bed-clothes, lengthwise of the bed, to serve as a gentle reminder of boundary lines. A curtain pole makes a good foundation, and one is not far to seek in a house where the heavier poles have been replaced by lighter ones. If you buy something for the purpose, a light piece of joist is just the thing. It need not be more than four or five inches thick, after being wrapped in an extra sheet or blanket, and this is not too high for the warm dimpled hands to reach across for little "love taps." One appreciates them all the more with nerves refreshed by sound, unbroken sleep.

C. A. M.

Warm Night-Gowns.

Concerning a recent reference to the long night-gowns which the writer's neighbor makes for the baby, it describes just what I have always used since Baby outgrew the first ones. I did not like the conventional article, and the night drawers had to me many objections; so I took two straight breadths of flannel a little more than a yard long, sewed the sides together and turned under an inch hem at the bottom for draw-string.

A strip of soft, thin flannel—or

cloth may be used—five inches wide and long enough to extend around the top (mine is one and one-third yards) is doubled and sewed to it (to the top, that is). A draw-string run through this brings it up full around the neck; and I like this better than the straight, plain style, as it affords extra thickness front and back where it is most needed when the clothing gets pushed down. The top of the garment proper might be turned under in a hem as at the bottom, but my flannel was heavy and I was afraid of chafing neck and chin, so added the strip, making it less bulky.

For sleeves, rip open the side seams just below the strip, four and a half inches, cutting a slight curve, sew in the sleeves, straight, plain ones, and long enough to extend beyond the finger tips, with hem and draw-string. These may be tied or not, as seems necessary. This completes what has proven one of the warmest and most comfortable of garments, and its simplicity renders a pattern unnecessary.

Exactly the same idea, sleeveless and low necked (draw-string run but an inch above the armholes), in print, made the nicest kind of creepers last summer. There is no vent in these. I put one in the first, but found it unnecessary, as the garment slips on easily without.

P. M.

One noticed in the toilet room of a parlor car recently little towels, fourteen inches square at the most. It occurred to her to wonder why similar small towels were not in use in kitchens and bathrooms. They are easy to launder, cheap to buy, and answer many purposes better than large towels.

Frail Anemic Children

get practically no nourishment from their food. The finest food only taxes the energy, supplying none.

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is so easily digested that the first drop is taken into the weakest system at once as immediate nourishment. Good blood and flesh is formed, the nerves and muscles are strengthened; soon the ordinary food is all that's needed.

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Infantile Scorbatus.

Of the fifty cases analyzed by J. L. Morse, seven were developed under his own personal observation, six patients were brought to his office, nine were seen in hospitals and twenty-eight in consultation, only five of the latter having had the real nature of the trouble recognized. They were about equally divided between the sexes and nearly three-fourths were in the second half year of life. The youngest was four months and the oldest twenty-one months old. Analysis of the food showed unsuitable feeding. The lack of freshness and the heating of food seemed also to play a part. Improper diet seemed to be able to produce scurvy without necessarily impairing the digestion. There were signs of rickets in all but nine of the children, but no apparent relation existed be-

tween the severity of rickets and that of scurvy. The symptoms are analyzed in detail. The most general one was tenderness on handling. Next in frequency came paresis, followed in order by inflamed gums, swelling, hematuria, pallor, ecchymoses and hemorrhage from the bowels, mouth or orbit. Hemoglobin and number of red corpuscles were reduced in the two cases examined, and there was also a slight leucocytosis. Pain on motion of the extremities was present in forty-three cases. The hematuria cases form a special group, and this was the only symptom of scurvy in two instances and preceded the symptoms in two other cases. Blood was present in some cases in large amounts and the urinary albumin was in proportion to the blood. As regards the diagnosis, he remarks that the first symptom is

usually loss of color, often associated with loss of appetite, but the first symptom to call attention is likely to be tenderness on handling, more frequently in the legs than the arms. Treatment consisted in insuring proper diet. One patient was given lemon juice. The others received orange juice, which was very effective. Lovett considers at least one tablespoonful a day as necessary and two tablespoonfuls, or the juice of half an orange, daily, ample to produce a rapid cure.

Fever in the Newborn.

W. J. Butler emphasizes the importance of the observation of temperature during the early days of infant life and discusses the literature. The chances of infection in the newborn are numerous, to wit: By the contact of infectious material to the eyes, nose, or mouth, traumata incident to forceps delivery, unclean surroundings, or attendants, and the always-possible source of infection, the navel. He reports an interesting series of cases of infection of the respiratory tract in the newborn, the exact source of which was not demonstrable. The disease was confined to one ward in the hospital and contact transmission seemed highly probable. The symptoms were rather uniform, but not specially characteristic. The temperature was high and remittent, and there was evidence of acute rhinitis and laryngitis. In the one fatal case the child apparently died of uremic poisoning. The cases demonstrated the susceptibility of the newborn to infection of the respiratory passages and illustrated the rapidity of conveyance and briefness of incubation in infection with the *Micrococcus ca-*



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**Whooping - Cough, Croup,
Bronchitis, Coughs,
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tarrhalis and with the pneumococcus, and the contagiousness of what might ordinarily be called a cold. The treatment was mainly symptomatic. The treatment of this condition generally must be primarily prophylactic, strict asepsis at delivery and subsequently.

A Useful Tonic.

"The season is now on us in which we find many patients suffering from coughs and colds. In many of these cases the general system is below par, and in order to hasten recovery from the catarrhal conditions of the air passages a general tonic is indicated. Cod liver oil is a century-old remedy for coughs and where the stomach can handle it there exists no reason why it should not be employed, and in such

cases the results are satisfactory. But in many of these sufferers digestion is enfeebled, the appetite is poor and cod liver oil is not well borne. Fortunately for patient and doctor, modern pharmacology has provided a preparation of this valuable agent which contains "all of the oil except the grease," to which has been added the hypophosphites, with glycerin and agreeable aromatics. It is not only wonderfully efficacious, but pleasant to the taste and readily handled by the weakest stomach. We allude to the well known Hagee's Cordial of the Extract of Cod Liver Oil Comp. prepared by Katharmon Chemical Co., St. Louis, Mo."—*The Carolina Medical Journal*.

Epidemic Mumps and Whooping-Cough.

Paolo Galli calls our attention to the statement of Bernardone that parotitis and pertussis may possibly be antagonistic. He has observed some evidences of such antagonism. The author records the history of an epidemic of parotitis coincident with one of pertussis observed by him at Faenza. Where the parotitis existed the pertussis did not appear in some districts, and vice versa, so that the two diseases seem to confer a temporary immunity against each other. In other districts the pertussis was very mild in character after the parotitis had occurred, in many children. Hence the author thinks we are justified in saying that mumps has favorably influenced pertussis in some cases, but that more observations are necessary before we come to any definite conclusions.—*Rivista Critica di Clinica Pediatrica*.

Sweetbreads a la Newburg are very good "company" entrees, and are especially nice cooked in the chafing

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dish at supper. Prepare the sweetbreads in the usual way, by parboiling. When they are cool, cut in cubes. Have ready about one-third the quantity of mushrooms, cut in quarters. The tinned mushrooms will do very well, but if fresh ones are used all the better. Heat a cupful of thin cream in the blazer over the hot-water pan. Put in the mushrooms and the sweetbreads, and add the yolks of three eggs, well beaten, salt, cayenne, and, lastly, half a cupful of sherry. Cook, stirring meanwhile, until the cream is slightly thickened. Serve on small bits of toast.

Chorea is especially a disease of childhood and adolescence. It occurs more commonly in females than in males in the proportion of 2 to 1. It affects all classes of society, although

it is more common in the city than in the country. It is rare in negroes and Indians. The largest number of attacks occur in the spring of the year.

For macaroni rarebit take half a cupful of boiled macaroni that has been cut into small pieces. Put half a cupful of milk into a saucepan, stir in quickly the yolks of three eggs, a cupful of American cheese either grated or broken into small pieces, a generous tablespoonful of butter, salt, pepper, and lastly the macaroni. Stir the mixture over the fire until the cheese has melted; then serve on hot buttered toast.

Chili Sauce.

Twelve ripe tomatoes. Chop two green peppers and two onions and boil the three together with one and one-half cups of vinegar, one tablespoon salt. Cook about two hours.

Spiced Grapes.

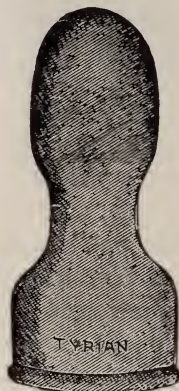
Seven pounds grapes, three pounds sugar, one pint of vinegar, two teaspoons cinnamon, one teaspoon allspice, one-half teaspoon cloves. Pulp the grapes, and boil the pulp about five minutes to get out the seeds; strain through a colander; dissolve the sugar in this strained juice, add skins, vinegar and spices and boil fifteen minutes.

Cream Candy.

One pound sugar, white of one egg, one tablespoonful of water. Beat the white of the egg stiff and mix with the sugar and water, then knead until stiff and mold into any shape, and place English walnuts on top.

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Chocolate Fudge.

Two cupfuls of sugar, three-fourths of a cupful of milk, lump of butter size of a walnut, one-fourth cake of chocolate. Boil till hard in water, and run in pans till cool, then score.

Chocolate Caramels.

Two cupfuls of light-brown sugar, flavor two cupfuls of molasses with vanilla, one-fourth cake of chocolate, one cupful of milk, a teaspoonful of butter. Boil till gets hard in water, run in pans and score.

Cocoanut Candy.

Two pounds of granulated sugar, three-fourths of a cupful of water, one grated cocoanut. Boil one-half the quantity of sugar and water until it forms a soft ball when dropped in water. Pour into this one-half the

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cocoanut and beat. Pour into a paste-board box about nine inches square lined with buttered paper. Repeat this process by boiling the rest of the water and sugar, and when done put in a little candy coloring and pour on top of first lot. When cold remove the box and cut in squares. If it is not desired to have two colors, all can be boiled at once.

Butter Scotch.

Two large cupfuls of brown sugar, one-half cupful of butter, one-half cupful of water. Cook until hardens in cold water, then pour in buttered plates and score when hard.

Plain Layer Cake.

Rub a cup of butter to a cream with a pint of sugar, add four well-beaten eggs, a cup of water and three cups of prepared flour. Bake in well-greased layer tins.

Chow-Chow.

One peck sliced tomatoes (green), four large onions, one cup salt. Let stand over night and drain in morn-

Hooping-Cough

CROUP

The Celebrated Effectual Cure without Internal Medicine

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ing. Add one and one-half table-spoons of whole cloves, two table-spoons of whole allspice, two table-spoons of whole pepper, one table-spoon ground mustard, two table-spoons ground ginger, four ounces mustard seed, one pound sugar. Cover with vinegar and boil till soft.

Cucumber Pickles.

To one gallon vinegar add one cup salt, two large spoonfuls celery seed, one of white mustard seed, handful whole cloves and allspice. Scald all together and pour over cucumbers after having been washed and wiped dry. Very easy to do and sure to keep.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates. A useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

A Russian count is responsible for a Wiersbicki's salad which is decidedly foreign. The dressing is delicious and such a change from the much over-used French dressing. To begin with the dressing: Mix four tablespoonfuls mustard, one-fourth teaspoonful paprika, one tablespoonful vinegar and one-half teaspoonful Worcestershire sauce; then add, very slowly, while stirring constantly, one-half cupful olive oil. By no means try to use the French mustard made in our country. If you do, be assured you will regret it! And over what is this dressing to be poured? Just lettuce and tomatoes, but the garnish is so pretty. Ought not all our dishes to be attractive to the eye as well as to the palate? Then we could feel to say with one of our English poets:

Though my stomach was sharp,
I could scarce help regretting
To spoil such a delicate picture by eating.

But to come back to the salad! Skin small tomatoes of uniform size, scoop out a portion of centres and arrange in nests of lettuce leaves. Fit a thin slice of cucumber in each tomato, arrange a ring of green pepper around each slice of cucumber, then garnish with a small round of truffle.

There are some broiled dishes which are not broils at all in the strictest sense. Sardines and bacon are among them. It is not practical to broil bacon over coals, as the fat invariably catches fire and the resulting smoke and smell is disagreeable. Sardines are also difficult for the same reason, and also because they break easily. To broil sardines, drain them carefully and lay on brown paper in the

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oven until they are hot. Lay each sardine on a finger slice of toast, squeeze lemon juice over, and sprinkle with finely chopped parsley. Bacon should be placed on a wire broiler and put in a hot oven over a dripping pan.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

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The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
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Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

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School children's luncheons should be considered important. How to prepare a luncheon which shall be appetizing, wholesome and varied is quite a study. Sandwiches may be considered first. Vary them each day as much as possible in the way of bread and filling. Whole wheat bread is nutritious, and is really better than white. "Every Day Luncheons" give a hundred different fillings for sandwiches. It is always better, if possible, to have two different kinds of sandwiches. Many a left-over can be made into a good filling. An olive or two, a few fancy crackers, or a piece of home-made cake is always acceptable. If the lunch basket will permit, nothing is better than a little jar of plain salad, such as celery, chicken or turkey. A little custard may be baked in the jar or some stewed fruit taken in it. Fresh fruit is always desirable for the school luncheon. The daintiest and most appetizing luncheon will be dry and tasteless if it is not kept fresh. The only way to keep it moist is to wrap the sandwiches and cake in paraffine paper, using a separate piece for each. Japanese napkins are inexpensive, and are another thing necessary in putting up a luncheon. At least two should be placed in the basket. Collapsible boxes, which can be strapped to the books, are the most popular with children. A basket, however, is much better, for then a small jar may be carried.

How can a dinner be begun better than with tasty *hors d'oeuvres* to serve as appetizers? If one doubts that they perform this mission let her make use of the following recipe: Skin and bone four sardines and put in a mortar with four parboiled and bearded

Is Motherhood Drudgery?

SEE ANSWER IN

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oysters. And what are bearded oysters, do you say? Just oysters from which the tough muscles have been removed. Add two teaspoonfuls of grated cheese and two teaspoonfuls of lemon juice, then pound until a smooth paste is formed. Season highly with salt, paprika and anchovy essence. Serve in small round croustades sauted in butter. When the little cases come from the frying pan have at hand finely chopped parsley mixed with an equal quantity of the yolk of a hard-boiled egg forced through a sieve, and in this roll them. Be sure and serve them individually on small paper doilies. "Trifles make perfection," you know. The croustades ought not to be more than two inches in diameter and about three-fourths of an inch high.

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Chocolate Caramels.

Three and one-half pounds of sugar, one cake of chocolate cut fine and mixed with the sugar; put one-half pound of butter to two cupfuls of rich milk into a kettle, heat to dissolve the butter; add sugar and chocolate, boil without stirring until it forms a soft ball in cold water; take off the fire and add a little vanilla and beat until cool enough to knead with the hands. Form into long rolls and cut into squares.

Green Tomato Soy.

One peck green tomatoes, one quart of onions. Slice both and sprinkle a small cup of salt over them and let it stand over night. Drain in the morning. Add one-quarter pound of mustard seed, three-quarters pound package of mixed seed, one-quarter pound chopped green peppers. Boil one and

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The United States Department of Agriculture, recognizing the endeavors of the Standard Dairy and Ice Company to provide high-grade and scientifically clean milk, has permitted us to use the report of one of their eminent scientists, Dr. Erwin F. Smith, who personally investigated our plant at Langdon, and obtained samples of our milk for a bacteriological investigation.

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one-half hours covered with vinegar. Before taking from the fire add two pounds of sugar. Stir well and boil a few minutes.

Lemon Drops.

Upon a coffee-cupful of finely powdered sugar pour enough of lemon juice to dissolve it. Boil to a thick syrup, or until it is brittle when dropped in cold water. Drop on buttered plates and set aside to cool.

Sweet Pickles.

Three and one-half pounds of sugar, one pint of vinegar and seven pounds of fruit are the standard proportions for all sweet pickles. Spicing is varied to suit the taste, and a tiny bit of alum added to keep the fruit firm.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

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Domestic Doctoring and its Abuses.

We presume that no one will question the assertion that the best work in any form of human activity is done by those specially trained in its performance. Without experience in architecture no one would attempt to draw the detailed plans and specifications of a house; nor would one with a valuable watch needing repairs entrust it to the care of any unskilled acquaintance, who might offer his services. To do this, every intelligent person knows, would be to invite disappointment and insure disaster. And yet, if the mechanism of the human body, a system infinitely more delicate and complex than that of the most elaborate watch, gets out of order, we act as if we thought almost any one competent to give advice concerning it. Deep down in the hearts of men, there is, for one reason or another, the feeling that, however it may be in other professions or pursuits, the ability to doctor follows Dogberry's views as to reading and writing, and "comes

by Nature." A finer skill than results from experience, a clearer insight into the mysteries of the human frame, are, in some occult way, hidden from the wise and prudent to be revealed unto babes in knowledge and experience. Hence, the great good fortune to be treated medically by the seventh son of a seventh son; to have your broken leg set by "a natural bone-setter," or your obscure ailment dissipated by an incantation of "the wise woman." Strange, and at times most fatal of inconsistencies, we trust ourselves and those dear to us where we would not trust our watch or our horse; and when disaster comes, as come it will, we mourn "a dispensation of an inscrutable Providence," instead of our own credulity and stupidity.

It is true, as recently pointed out by the editor of this magazine in his article on "Household Remedies," that "there was a time when all medicine was that of the household, and the growth of the art towards a scientific

basis began when persons began to collate and sift the wisdom of households, and strive to get at the principles underlying the facts." Just now there are too many households, and too many facts, for any one to depend on unskilled observation and untrained observers. With the specializing of knowledge that is constantly going on, it has long since become impossible for us to lean on any such feeble staff as this in the treatment of disease.

There are doubtless some simple modes of treatment which may be safely carried out, but there is also the danger that in the oral transmission of the details of domestic medicine some important link may be forgotten, in which event the sequel is likely to disappoint expectations. An English newspaper, published in Cheshire, recounts an instance in which three workmen imagining that they were suffering from itch, "the advice of a fellow-workman was taken, and some nitric acid and quicksilver were procured, mixed, and applied to the skin." As a result of this, two of the men died.

It is a moment of especial danger in domestic medicine when the unskilled prescriber not only forms diagnoses and directs treatment, but attempts to prepare his own remedies.

We would not be understood as implying that the results of domestic or family treatment are always disastrous, or, so far as many slight ailments are concerned, necessarily serious. The danger lies in the attempt of the untrained mind to discriminate between ailments of serious and trifling import. A derangement of the stomach in children is a very common, and by no

means alarming, symptom. It may accompany a slight and transient indigestion, or it may be the advance herald of meningitis or a scarlatina. We do not, therefore, assert that a physician should be summoned whenever this symptom is present because it has sometimes serious associations, but to call attention to the fact that the *significance* of any symptom is to be determined by those associated with it, and, when these are carefully watched, the prudent mother will not long delay in seeking professional advice.

There is a very important division of domestic doctoring which, for want of a better name, we shall call neighborhood prescribing. There are individuals, otherwise estimable, in every community who are ever ready to advise their friends and acquaintances as to what they should do in cases of illness. There always exists a parallel case in their experience to the one in question that has been cured, if the case be acute, or greatly benefited, if it is of long standing, by some method of treatment other than that prescribed by the medical attendant. But it is a purely advisory function that they cultivate, since, having no intelligent basis for their suggestions, they lack the courage of their opinions, and usually are quick to retreat and retract if any unfavorable issue threatens. They are careless or indifferent to the fact that, so far as they exert any influence at all, it is prejudicial to the physician, should one be in attendance, and unsettling to the confidence that may be reposed in him by the family.

Let us look, for a moment, at the evils of domestic doctoring and irresponsible prescribing from the stand-

point of the doctor. Here is a man who has given the best years of his life, and the hardest and most painstaking toil of which he is capable, to discipline his mind and train his hand in the performance of the duties of his chosen profession. There is no Meisterschaft system in Medicine. Conscious that his life has gone into his work, he is naturally impatient with much of the uncertainty of mind and vacillation of purpose that he constantly meets. Can you imagine, for instance, anything more exasperating than for a doctor who has spent an hour or more in testing a patient's eyes in order that she may be properly fitted with glasses to be finally told that she had decided not to wear them as they were "not becoming to her"?

"Doctor," said a young woman, addressing an oculist under whose treatment she had for some time been, and whose directions she was carrying out but indifferently, "I was in a store last night, and the clerk, noticing my eye, asked if he could look at it. He looked at it and said it was just such an eye as his sister had, and he didn't believe I would ever get well. I went right home and couldn't sleep all last night." "Ah!" replied the oculist, "and

what does the milkman say about your eye?"

We hope that we have said nothing to discourage parents from learning, as thoroughly as they may, the laws of health, and as to what is requisite and practicable for them to do in the relief of pain and suffering. The subject is, however, a very difficult one to discuss, as limitations, and very essential ones, hedge it in on all sides. In nothing is a little knowledge so dangerous a thing. There are some rules as to action in emergencies, principles in extending first aid to the injured, that can be put into play by any bystander who has acquired the necessary knowledge that is readily obtainable. This does not concern the use of medicines or involve aught other than placing the patient in the best position to avail himself of the services of a physician who may not at once be at hand. But the chief sufferer in domestic doctoring is, it seems to me, the helpless infant who can have no voice in the matter, but whose stomach is made the dumping ground of mixtures prescribed by advisers of all sorts and conditions. Diseases are thus unquestionably manufactured for him, and tendencies implanted to bear serious fruit in later years.



A Few Cautions Regarding Children's Eyes

That the beauty of infants and children is materially affected by the condition of the eyes, and that the preservation of the latter organs in a natural state is necessary not only for a favorable appearance but also for the proper enjoyment of childhood, all must admit. Many an otherwise pretty child is defaced by the result of eye-disease, such as the occurrence of white spots and scars upon the transparent portion of the eye, rendering the organ conspicuous and unsightly. Many of the diseases of the eyes during childhood cannot be avoided; they come without known cause, and no amount of care can prevent their appearance. But others occur which, by carelessness or improper interference on the part of mothers or guardians, are aggravated and prolonged, when without such errors they might have run a speedy course and resulted in a rapid cure.

In the following lines a few of the minor ailments to which the eye is liable are treated of, and the fallacy of certain popular household remedies pointed out.

REMOVING FOREIGN BODIES.

One of the most annoying and yet common ocular misfortunes is the occurrence of foreign bodies in the eyes of children; these usually consist of small particles of material in the form of dust which the wind wafts into the eye—sand, coal, dirt, cinders; these constitute nearly all of the troublesome invaders. Nature has provided us with protection in the shape of eyelids and eyelashes, and

these close immediately whenever any foreign material attempts to enter the eye; in children especially the lashes, long and full, subserve this purpose. But sometimes, despite these guardians to the eye, cinders and the like enter, and, if not dislodged and carried off down the tear-canals by the excessive flow of this secretion which they excite, these small particles remain upon the eye, are very annoying, and if imbedded and not removed may even cause serious mischief.

When the eye is thus affected a very simple and popular plan, which sometimes succeeds in dislodging the irritating cinder, is to pull the upper eyelid forward and downward, at the same time having the child look upward; in this manner the lashes of the lower lid sweep over the inside of the upper and often remove the foreign body. But in some cases such efforts are not rewarded by success, and, furthermore, the enemy is often upon the transparent front of the eyeball, instead of beneath the upper lid.

Before describing a simple plan of removing them, the writer wishes to impress the fact that only after having *seen* the offending particle can we expect to remove it; there can be no benefit resulting from the use of handkerchiefs and the like and sweeping a corner of them across the eye with the hope that it may strike the body. Take the little patient into a strong light, separate the lids and look for the cinder, using a magnifying-glass with which to throw a cone of light upon the eye, if necessary. The direct rays

of the sun would better be avoided if the glass is used, lest it act as a burning-glass. The light of a window or of a good artificial light is generally sufficient to make a brilliant cone. If unsuccessful in finding the object upon the eyeball, turn the upper lid and look here; this you can do by drawing it downward and forward and turning it over a thin pencil—the child being directed to look down whilst you are performing this manœuvre. The bodies scarcely ever lodge upon the lower lid. If you have located the cinder, then you are ready to make use of the simple device about to be explained; if you have failed to fix the position of the body, no benefit can follow any line of domestic treatment, and, the symptoms of irritation persevering, no time should be lost in consulting your physician, whose better means of illuminating and more constant practice will enable him to find the intruding substance after you have failed.

The simplest and best method of removing these intruding bodies, and one which every mother can use, is the following: Take a match or small strip of wood; if a match, light it and extinguish the flame after the sulphur has been removed, rub off the charred portion with a little stiff paper, and it is ready for its cotton covering. Wrap around the end a small amount of cotton—it is well to use purified or absorbent cotton, which can be procured in small packages of any druggist. Take a small piece of this, say an inch long and less than an inch wide, in a very thin layer, moisten the end of the match slightly, apply it to one end of the piece of cotton, and, by rotating, the latter will be coiled around the ex-

tremity of the wood; a few turns between the fingers to give the cotton end firmness, and you possess an instrument which will answer in nearly all cases. Viewed with a magnifying glass we see at once why this small device answers its purpose so admirably. Its end is soft and covered, and thus does no harm; whilst everywhere the small fibres which constitute cotton project, and these entangle the dust or cinder and thus dislodge and remove it. To use it, hold the lids apart, observe where the body lies, and gently brush the spud of cotton across it. If the first effort is not successful, try again; but if after two or three trials you do not succeed, you can be sure the material is imbedded so deeply that nothing but a hand trained in such work will be able to remove it without damage to the eye, and you should not persevere in the attempts.

Dangers of Wrong Treatment.

Examples of harm resulting from improper interference in these common cases are frequently seen by every oculist; the writer can recall two such within the last fortnight. In one the corner of a starched handkerchief had been used to pick at the object, and the result was much the same as though a dull knife had been used, for a moderate-sized wound of the transparent portion of the eyeball resulted. In another case the body could not be found by the mother, who thereupon visited the druggist for "eye-drops." Lead-water was given her, which she applied, with the result that metallic lead was deposited upon the part of the eyeball by the cinder, and this constituted a foreign body much more

formidable than the first, and one which only radical surgical interference could remove.

The latter case leads me to dilate slightly upon certain injurious popular remedies. One of the most harmful is the one just mentioned—*lead-water*—for the reason that the metal may become deposited upon any wound or scratch upon the eyeball. Another popular remedy in eye troubles which is equally, if not more, pernicious is the hot *poultice* made of flaxseed-meal, slippery-elm bark, or bread. Poultices are so useful in certain parts of the body that it is but natural that many mothers fall into the common but dangerous practice of poulticing an eye “to take out the inflammation.” With the latter, it has often taken out the eye, and should never be used upon this organ, except possibly in rare cases, in which the physician may order it.

Other popular eye-remedies which are inefficient and often harmful, and hence ought never to be employed, are *milk*, *rose-water*, infusion of *tea-leaves*, and extract of *witch-hazel*; all these are of no use whatever, and usually do mischief. They are harmful in two ways: they prevent the application of other remedies which would cure, and they often irritate—especially *witch-hazel* and *tea*, and *milk* when not perfectly fresh. The oyster also, though enjoying great renown with the laity for dispelling inflammation, should be discarded; it acts only by giving slight temporary relief on account of its coldness. Many will doubtless say they have used these very articles upon the eyes of their children, and that they have benefited them. It

must be admitted that they may have *allowed* the eyes to resume their natural condition, *notwithstanding* their use. The eye is very often the seat of a slight degree of inflammation, which subsides without any treatment whatever. How often do our little ones return from play with their eyes inflamed, or “bloodshot,” as it is popularly termed, as a result of exposure to the sun, or heat, or wind, and yet the next morning they appear perfectly natural!

Cold Compresses to Allay Inflammation.

The reddened condition of the eyes of children following exposure to sun and heat is most effectually and agreeably treated by simple applications of cold compresses. Since very few persons know how to apply these properly, the writer will add directions for doing so. A block of ice is placed in an ordinary basin and covered by eight or ten compresses; the latter are composed of pieces of lint folded double, or pieces of old linen fourfold, each having a diameter of two inches, and thus being large enough to cover one eye. When cold, they are applied to each eye separately, so as not to have a layer of cold across the bridge of the nose, since this would excite running from this organ. The compresses are to be removed every minute or so, replaced upon the ice, and cold ones re-applied, and this kept up for an hour or longer. Whilst these are being applied the child should be lying on a sofa or bed; for cold cannot be applied to the eyes effectually while the patient is in the sitting or standing position. In addition to the cold a little white vaseline (this is purer than the ordinary yellow variety) should be ap-

plied to the edges of the lids before the child goes to sleep.

Treatment of Styes.

Another trouble, though a slight one, is the occurrence of *styes*. These, as all mothers will know, are small reddish elevations upon the margins of the lids, coming without known cause, and becoming "ripe," or filled with matter, in the course of two or three days, until which time they are painful, and interfere with the child's comfort considerably, sometimes even making one believe that something more serious is the matter with the child; after two or three days they break, matter is discharged, and the sore heals, usually leaving no scar or disfigurement. Certain children have a predisposition to these styes, and get them very often; this predisposition depends upon conditions of the system which the family physician is called upon to treat. When the child is threatened with one of these small elevations it becomes a matter of importance to prevent their further formation, or else to have them run their course rapidly and so reduce the amount of inconvenience to the little sufferer to a minimum.

Usually the child will complain of itchiness at one portion of the lid, and will be seen to rub this part constantly, and on examination the mother sees a small, reddish elevation, which she soon learns to recognize as an approaching sty; at this stage cold applications for several hours in the manner given above will often serve to dissipate the coming evil, and no further annoyance will result. Should it have advanced, however, and a small

yellow spot in its centre shows that matter is forming, we cannot hope to prevent its progress, but must then hasten the formation of matter and its discharge. To do this hot applications by means of water, at as high a temperature as can be borne, should be applied for several hours. The child should lie down, and small pieces of linen, folded several times, wrung out of hot water, applied so as to cover the eye; over this a layer of cotton is applied, and the whole protected by a piece of oiled silk. By these means heat will be retained in the compresses a long time, and they will need to be changed only every five or ten minutes. Such applications are more efficient and cleanly than are poultices of slippery-elm bark, flaxseed-meal, or bread. Soap and sugar, a popular application, should never be employed; the mixture is irritating, uncleanly, and inefficient. After the matter is formed and the sty distended by it, the pain may be lessened and the cure hastened by pricking the yellow elevation at its most elevated point two or three times with the point of a new needle, at the same time discontinuing the warm fomentations and simply applying a little purified cotton to absorb the discharge.

Conclusions.

The above-mentioned methods of treating some of the common minor ocular ailments of infants and children are simple and effective, and, should the trouble be a more serious one than at first suspected, the mother will have the consolation that, even though she consults the oculist afterward, she will not have applied anything which has in

any way endangered the eye or made the affection worse.

In conclusion, the writer would urge mothers either to rely upon their own opinion in matters too small in significance to warrant consultation with the physician, or to seek the advice of a medical man when the affection is one requiring more than the simple remedies just spoken of. The prevalent method of applying to druggists for "eye-washes" and "eye drops" is a most pernicious one. In the great

majority of cases the eyes of the little ones will be in much safer hands when entrusted to an intelligent mother, who has learnt from experience how to distinguish the insignificant affections of the eye and treats them by the simple means alluded to, than when treated under advice of the druggist, whose little and therefore dangerous knowledge of such matters often leads him to give most potent and injurious remedies in what he sells to you as "only a little eye-water."

Nursery Problems.

Diet at Eleven Months.

To the Editor of BABYHOOD:

I want to consult you about the diet of my baby. She is almost eleven months old, weighs 23 pounds, has six teeth; flesh hard, color rosy, seems perfectly healthy, and is as happy and good as can be. She has thrived on a patent food and clear milk, half and half. She sleeps from 6:30 P. M. till 7 A. M. without waking or feeding, and during the day takes over one and one-half quarts of the food and milk. Now, shall I keep this diet as long as she seems to do well on it? My mother insists she ought to have something to eat besides milk. Should I make the change, if at all, before summer comes? What should I give her if I change? The patent food is made from grains partly, so it seems as if a little nitrogenous food should be the next, such as beef juice. When should she be able to take clear milk?

Will you kindly answer these questions, and give me a list of things she might have during next summer? This is my first child, and I suppose I am rather fussy about her, but, although I dislike to change her food while she is doing well, I want to carry her through the summer all right. READER.

As your baby weighs quite enough for its age and is well advanced, and,

as you report, in excellent condition, we see no reason to change its diet. Your mother should "show cause" for a change. For our part, if the baby does well, we do not know why milk diet should not be continued until autumn, but there will be no harm in trying a little cereal food, gruels, etc. In asking for nitrogenous food you forget that milk is such in a high degree. We do not give a list of things, because until a child is a year and a half old, especially if the last six months of that time is in hot weather, we prefer to confine the diet to milk, gruel, bread and butter, and possibly an egg; that is our list. When the cool weather comes again you can safely enlarge the list.

Oatmeal Gruel; Vaccination.

To the Editor of BABYHOOD:

My baby boy is nine months old. He is well and strong, weighs about 25 pounds, and has four teeth (two lower front teeth and two side upper teeth—is this not unusual?). The two upper front teeth are coming through. He is nourished on breast

milk, with the addition of two bottles of sterilized milk during the day.

I am urged by friends, who are themselves mothers, to begin feeding the young man on strained oatmeal in addition to his milk. I am told he should have this now—a small quantity to begin with—that his stomach might become accustomed to the mixed diet before summer. I am also advised to have him vaccinated. Will BABYHOOD please tell me:

(1) If he should be given the strained oatmeal; if it should be given more than once a day; what quantity to begin with, and how it should be prepared?

(2) If he should be vaccinated now while he is teething?

His teeth do not seem to trouble him very much. He has had no bowel trouble whatever.

D. L.

(1) He may have strained oatmeal—*i. e.*, oatmeal gruel—mixed with his milk as often as he takes his milk. If you use oatmeal porridge at breakfast, a gruel can be easily made by putting as much of it as can be taken up on a tablespoon into a quart of cool water, raise to a boil, stirring to prevent burning, and strain; dilute the milk with the oatmeal water. Some of the steam-cooked meals will make gruel promptly, but ordinary meal should be soaked over night and boiled a long time.

(2) If he is actually teething, delay until an interval occurs, unless there is special danger of small-pox. It is usual to remind the family physician of the baby's existence before teething has begun, in order to have the vaccination over in good season.

Colic and Patent Medicines.

To the Editor of BABYHOOD:

(1) Will you kindly tell me why a two-months nursing baby in very good health should have colic? Which is best to use for

it, asafœtida or medicines containing paregoric?

(2) And is it ever right to use soothing syrups even when a doctor prescribes them? What is soothing syrup?

(3) When Baby's bowels are not naturally moved at all and she is constipated, will it do to give an injection every other day, or should it be done oftener? Might not harm come from a more frequent use of the injection, and would it be better to use medicine?

W. C. M.

(1) We cannot tell why your particular baby has it, unless it be from constipation and the collection of flatus in its bowels. Of course, the existence of colic is fair evidence of indigestion. But why young babies at the breast have colic (and the probable indigestion) is often not easy to say. In many cases, doubtless, an analysis of the breast milk, or a critical inquiry into the details of the baby's hygiene, would give a reason. But as cases are crudely presented to the practitioner many children are simply reported as "colicky babies." Even in these the tendency to colic usually diminishes or disappears after they are three months of age, which is itself another evidence that the trouble was due to an indigestion, disappearing with increased digestive power. Of course, when the child is artificially fed, colic is easily explained. Asafœtida is better for domestic use. It is the safer drug, although paregoric has but a small proportion of opium, having been devised especially for use when small doses of opium are called for. It has the further advantage of being slightly laxative, while paregoric is distinctly constipating, the opium and camphor being both active in producing this result.

(2) We cannot deny the right of a

physician to use any remedy for which he will make himself responsible; therefore we cannot say that you should not use a remedy which he orders. But he should give you (in writing, to prevent misunderstanding) explicit direction as to how much and how often to give the medicine. The composition of these remedies is supposed to be secret. For ourselves we cannot use a mixture of which we do not know the composition until we have failed with the drugs which we know about.

(3) We prefer the daily use. We think the constipation more likely to do harm than the enema. A glycerine suppository might be better still.

Slow Eating.

To the Editor of BABYHOOD:

Is it wise to allow a child to prolong its breakfast over an hour or two, stopping at intervals to play and then resuming?

INTERESTED READER.

Certainly not. It amounts to eating various little meals, equal in effect to eating between meals. The child should be allowed to eat a reasonable time (a half hour is ample), and then his food should be removed. He would soon learn to attend to his business.

Strengthening the Nipples.

To the Editor of BABYHOOD:

What preparation do you recommend for use during pregnancy to toughen the nipples?

J. L. M.

We prefer a solution of alum in alcohol and water (it is insoluble in pure alcohol). Equal parts of water and alcohol may be mixed, some powdered alum stirred in, and left for some time with occasional stirring; pour off the

liquid after it has settled and use daily. If the nipple is short, as is usual in a first pregnancy, gently coax it out day by day with the fingers and thumb. The child has then a better chance to get hold of it.

Catarrh of the Bowels; Averages in Weight.

To the Editor of BABYHOOD:

(1) My little boy, five years of age, has been troubled with catarrh of the bowels for the past three years. Will you kindly advise me in regard to treatment and diet? Would you advise either lime water or vichy in the milk?

(2) What is the average weight for a boy of five years and three months?

(3) How many meals would you advise for one day? My little boy has a good appetite and is very active. His flesh is soft, and he is not as stout as I would like to have him.

(4) Would you advise a change of air? If so, please recommend a place that you think would be beneficial to my child.

ANXIOUS MOTHER.

(1) We do not know what is intended by the phrase "catarrh of the bowels." In general the term would mean a catarrhal condition of the mucous membrane of a part or the whole of the intestinal canal. When, however, a physician uses the phrase to another it is qualified by sufficiently explicit words to make the exact meaning clear. Assuming a chronic intestinal catarrh, the diet must be adjusted with great care to each case, changes being made as required. The medicinal treatment also requires careful management, and only a physician can tell from time to time if it be needed at all. The general lines of diet and treatment, of course, will be to diminish the catarrhal condition by easily digested, unirritating food and proper med-

icines, and by nourishing diet and tonic remedies so to restore the health that the malady will remain cured. But the details of all this are quite beyond domestic practice.

(2) Statistics between infancy and the school age are few. Those we have give for children between five and six years of age an average for boys of 40 pounds, and for girls about a pound and a half less. This takes the entire year. The average for the age you give would probably be 35 to 37 pounds. This, however, is only our estimate.

(3) If the physician gives you a special diet for the child, the hours and quantities, as well as the kinds of food, will be given. But the ordinary schedule at his age would be a breakfast, a light luncheon about 11 A. M., a dinner about 1 P. M., and a supper about 6.

(4) We do not know enough of the case to advise specifically. On general principles a child is the better for being out of the city, provided he is to go to a better place; but the sanitary conditions of another city would probably be no better, and those of many smaller places may be very bad indeed.

Supplementary Feeding.

To the Editor of *BABYHOOD*.

Will you kindly inform me as to quantities of foods I should give my ten-months-old little girl? I am still nursing her, but by advice give her every day some condensed milk, beef tea, oatmeal gruel or bread and milk. I am perplexed to know how much of these foods to give her and how often she should be fed. She is small, but not thin; has two teeth; has never been sick a day in her life, and her digestion seems perfect, excepting some trouble with constipation.

SUBSCRIBER.

If by the phrase "by advice" you mean by advice of your own physician, you should by all means get explicit directions from him as to hours, quantities, etc. For, if he ordered this varied diet to be given in conjunction with breast-milk, he doubtless had some special reason for so doing, and some definite end to accomplish, and he alone can properly guide you. In any case the person giving the advice should give the specifications and should take the full responsibility. It is proper, at any age, to add supplementary feeding if the breast is inadequate or the tax on the mother too great. The food should then be as nearly a substitute for breast-milk as possible. When, however, a child has reached ten months, the supplementary feeding may be given because the breast is failing, and as a preliminary to complete weaning. Unless there be some particular reason for the contrary—and this is the point which your physician alone can decide—we believe it is better to have some one definite substitute for the breast-milk, not two or three used indiscriminately. This one substitute should be the diet, and any variations made should be for definite reason; these special meals being given under specific directions precisely as you would give a medicine. For instance, suppose that the diet were to be milk or condensed milk, diluted with oatmeal gruel, there might seem to be an indication for a stimulant, which could be met by the use of beef tea made in a particular way, given in a specified quantity and given at a certain time. We cannot think of any reason for the administration of bread to a child with only two

teeth. But we can say, in a general way, that in our judgment, while a child is on the breast its additional food should be of the simplest kind, not varied; and that the same rule should continue until some time after weaning is thoroughly accomplished, unless some competent adviser directs the contrary.

Naevus.

To the Editor of BABYHOOD:

When our baby was one month old three red specks appeared on her forehead near the edge of the hair looking just like pin pricks. After two or three weeks two more appeared, and later two more; she was then two months old. Her physician applied acid nitrate of mercury. When the scab came off, at the end of two weeks, there was left a small red scar. After two or three weeks more, very tiny veins appeared growing about it. The original points did not show at all. The mercury was applied again, and after the scab came off the scar was left much larger than before, about half the size of a cent. At first there were no veins visible, but the original points showed in the lower left corner. After a week or two they disappeared, and the little veins appeared within the scar, but not in exactly the same place as before. It is now a month since the scab came off, and there are several very tiny veins in the scar, but it does not spread at all outside the scar.

We have moved away from our physician, and the doctor where we are now living is doubtful whether or not to apply the mercury again, because the scar which is left is much worse each time, and it does not seem to be eradicating the trouble. The scar is red, but will not show very much after the hair grows long enough to cover it; but is there not danger that the mark will continue to increase and spread over the forehead? The doctor says that when she is older it can be cut out, and would probably leave a less conspicuous scar than the mercury. What would you advise?

AN OLD SUBSCRIBER.

The trouble is probably a disease of the minute vessels, known to medical men as a naevus. The methods of treatment are various, according to the needs of individual cases or the views of the attendant. Apparently the cauterizing with acid nitrate of mercury has not been very successful. Among the various methods, those probably the most popular are the removal by the knife or by puncture with hot needles, or similarly shaped instruments. When the latter method is employed, the tissues are shrunken by the burning and the growth is destroyed, as well as the peculiar process causing it. If it shows a tendency to increase in size, do not neglect it. If the local physician does not feel like attacking it, ask him to send you to some surgeon who will do so.

Laxative Food.

To the Editor of BABYHOOD:

Having received so much benefit from your advice to other mothers, I take the liberty of addressing you in regard to my little girl, now almost one year old. Having been obliged to be weaned at six months, she was fed on condensed milk, which seemed to agree with her perfectly until after she commenced to cut her first teeth (at eight months), when she became very constipated.

Our physician urged the use of ground oatmeal with diluted cream (top milk). This we have tried in every way to induce her to take, but she does not like it, and we can hardly get her to eat enough of the oatmeal to affect the bowels at all; the small quantity she does consume makes her face break out slightly, and within a few days a rash has appeared on her neck and shoulders. A short time ago her bowels moved naturally only two or three times in a fortnight, and then after great straining and crying. As she is perfectly well in

every other respect, we have hesitated about changing the food. She has seven teeth, has her meals four hours apart during the day, with one at night, and sleeps from 1:30 P. M. to 5:30 A. M. generally, with two naps during the day.

What would you advise for the constipation, since oatmeal does not seem either to correct that trouble or to agree with her? She is fat and rosy, but we fear will not continue so unless we can get food that will cause natural and easy movements.

R. A. F.

If the condensed milk, as you say, agrees with her in other respects, there would seem to be no urgent need of change of food, though possibly some food containing a good deal of fat would probably help her—say cream in her food, if she takes liquids, or well-buttered bread when she can take it, especially Graham bread. Of course, movements may be secured by the use of medicines, suppositories or enemas, but we speak of food just now.

Thumb-Sucking; Dilution of Milk at Three Months.

To the Editor of BABYHOOD:

(1) My little daughter, three months of age, has the habit of sucking her thumb. Is it feasible to try to stop this practice now, and can you suggest a remedy?

(2) Is the proportion of equal parts of milk (with the cream on it, of course) and water, sufficiently strong for a perfectly well and remarkably strong baby of three months, weighing 13 pounds, and is once in two hours often enough to give it?

A DEVOTED READER.

(1) It can be completely stopped only by tying the hands down, and we doubt if it is worth while to resort to such extremes. When you see the thumb in the mouth, gently coax it out, and divert her attention. If she

falls asleep with the thumb in the mouth, take it out as soon as she is soundly asleep. By these and similar devices you will gradually diminish the habit, and by and by can stop it altogether. There is a difference between occasional thumb-sucking, as when teething, for instance, and the persistent habit which some children are allowed to continue for years.

(2) Yes, it is strong enough, but at three months of age once in three hours is often enough. You may increase the quantity at a meal if necessary.

Probable Defective Nutrition.

To the Editor of BABYHOOD:

I have a boy-baby seventeen months old who, until lately, has been fat and strong, his diet consisting only of 8 ounces of milk every three hours. He has but twelve teeth, cannot talk or walk; and when we put him on his feet, the right one turns over on the inside. He is cutting his eye teeth and lower molars. I do not think he is thriving, on the contrary is growing thin; so I have about decided to try Mellin's Food. Do you think it will be food of sufficient strength for a baby of that age? What shall I do to strengthen his ankles? When can I begin to feed him, and what? He used to be so good and slept all night, but is very troublesome now, and is awake nearly all night. H.

Evidently the child is not doing well. It is common enough for the cutting of the canine teeth to be attended with considerable disarrangement, such as restless sleep, but we think that usually, as in this instance, the trouble really depends upon a defect of digestion or nutrition. The child shows such defect in backwardness in walking (the delay of speech counts for less), rather tardy

teething, weak ankles, and, perhaps, previous excess of fat. The amount of food is not definitely given. He gets "8 ounces of milk every three hours." If this means night and day, and pure milk, the amount is certainly enough and probably excessive for his digestive power. If he gets 8 ounces, six times a day, of pure milk, it is enough.

In the first place we think that a child, as much out of order as yours, should have the supervision of a good medical man, which can easily be had in your city. He will very likely begin—if we apprehend your meaning rightly—by making a food more digestible, even if less bulky. But we cannot advise on the scant information we have. For the ankles we should do nothing until the dietary is improved. We should keep him off his feet until he gained strength somewhat. Later, perhaps ankle supports may be proper.

The Mother's Diet During Nursing-time.
To the Editor of BABYHOOD:

BABYHOOD having been for seven years a "lamp unto my feet," I now wish to ask you for more light on a certain tortuous path.

My two older children were martyrs to colic during the first six months of their infancy; they seemed to thrive on it, but it wore me to the bone. Both children were nourished by an abundant supply of milk, and it was while they lived on this food alone that they suffered most. Both were very constipated, but, of course, were relieved daily by enemas when necessary.

I began by eating such simple food as always agreed with me, but with each child I had finally to give up all green vegetables, as the increase of colic was obviously the result of such indulgence. I lived on meat, rice, milk, and bread and butter, and found great comfort in a daily bowl of thin oatmeal

gruel and milk; but even this last had to be given up with one of the babies, she suffered such fits of agony in the afternoon if I took the gruel at eleven o'clock.

I am sure you will think the cause of the constipation in the children, and consequently of the colic, was my diet; but I think not, as they are now aged seven and four years, and are painfully constipated in spite of a special diet designed to overcome it; and my diet was by no means choice, but necessity after some weeks' experience in each case. Possibly one cause of the colic is the great rush of milk, which causes the child to eat too fast, but I do not know how to avoid that.

(1) In view of the above circumstances, would you advise an expected baby to be fed artificially instead of nursed, if it suffers from colic in like manner? If not, shall I persevere in eating fruit and vegetables which my constitution demands, being also subject to the children's enemy, constipation?

(2) If I give a few drops of paregoric in violent attacks, when the face is almost black with pain, and perspiration streams from the child's forehead, could it affect the child's brain permanently, or stunt its growth?

(3) Can any laxative be given to very young babies? I think enemas have had a bad result in one of the older children.

(4) Both the older children were splendid specimens of babyhood, and got fine strong teeth at the proper period, but both walked very late (seventeen months), and have had delicate throats. Could the weak ankles and delicate throats (every member of their father's family has delicate air passages) be because of improper nourishment, or the former trouble because they were heavy children with small feet, and the latter inherited?

FORESIGHT.

(1) In spite of the colic, we think the breast better than any food probably would be. Other elements than your diet we think have modified the milk. If it be practicable to procure an analysis of your milk, your physician might give directions as to your

diet and regimen which would be helpful to you.

(2) Given carefully, we do not think that any serious results would follow. Of course, if often given, the paregoric would aggravate the constipation.

(3) Yes, both by mouth and in the form of suppositories.

(4) It is not possible to say off-hand how much depends upon heredity and how much upon the disarranged digestive processes; probably both factors are active.

Reckless Use of the Baby Carriage; Chalk Mixtures.

To the Editor of BABYHOOD:

(1) Will you kindly give me your opinion as to the wisdom of sending a baby or child of two or three years two or three rods by giving the baby carriage a severe push and letting go? Does it not give the shock to the nervous system you so often protest against? Is the fact that the child seems to enjoy it any evidence that it does not hurt him?

(2) Do you advise the use of prepared chalk for slight bowel and stomach troubles with little children? It seems to us a safe and effective remedy, preferable to anodynes.

CONSTANT READER.

(1) It is a foolish practice. Whether it or similar diversions do or do not give harmful shocks to the nervous system can only be determined by the results. There is no way of determining in advance. There are many exciting amusements which children (and adults, for that matter) enjoy for the moment, but which are exhausting in the end. Sometimes there seems to be excuse or reason for indulging in them, and then the question of the nervous shock has to be carefully estimated to determine whether or not the indulgence shall be con-

tinued. But such a practice as you describe is simple folly, and invites accident aside from any question of nervous irritation.

(2) When an antacid is called for, chalk is very often a useful remedy. The chalk mixture of the pharmacopœa contains no anodynes, but has cinnamon water as a vehicle.

Doubtful Milk or Methods.

To the Editor of BABYHOOD:

My little girl is ten months old, in perfect health, and has six teeth. At our meal hours she has the various articles of food allowed babies of her age, though not all at the one meal, while between meals she takes a drink from her bottle. The milk we use is the same as supplied the "Good Samaritan Hospital," and is fresh cow's (mixed) milk, which we sterilize, according to your directions. The milk is sterilized morning and evening. After standing twenty-four hours (we notice it from those bottles left over) the milk has a very offensively strong odor; also when it is sour. We have made cottage cheese of the sour sterilized milk, and the cheese has turned out a light pink color, and when the sour sterilized milk is spilled on white cloth or linen, it leaves a deep pink color that is indelible. Can you account for this color and odor? Baby never takes more than 4 ounces from her bottle at a time, as she does not seem to care for the milk. Her appetite for bread and other things is good. It may be important for you to know that no salt or sugar is put in the sterilized milk before or after it is cooked and used. Do you think her not caring for the fresh sterilized milk has anything to do with the pink color made from the sour milk? Another noticeable thing is that when she perspires, which she does freely in the daytime and at night, the perspiration has the odor of the fresh sterilized milk, but in a much stronger degree. So strong is the odor that no matter how clean or fresh her person may be, it is disagreeably noticeable.

AN INTERESTED READER.

In the first place we may as well express our ignorance of what is meant by "the various articles of food allowed babies at her age." Anyone who is "an interested reader" of this journal should know that in its opinion and in that of physicians who know much of children's nurture and ailments, children under one year of age should be allowed absolutely nothing but milk; breast milk, if they can get enough of it; cow's milk properly prepared, if breast milk cannot be had in sufficient quantity. When we go outside of this rule and attempt to guess what may be given to a baby who is (apparently) allowed to come to its parents' table, we are at a loss. We have known almost everything to be given. Another reader once described to us a diet of breast milk and boiled potatoes.

Now, about the milk. We do not know what causes the smell you notice in the milk (if the milk has no smell when fresh), unless it be the boiled-milk smell. Do you mean that the sterilized milk is sour in twenty-four hours? If so, there is something wrong in the sterilizing or the subsequent care of the milk. A pink color, or, more correctly, a pale salmon-buff color occurs from changes in sterilized milk that has been kept a long time. A brownish tinge is seen in milk sterilized after lime water has been added to it. We would suggest that you inquire at the hospital, which receives the same milk as you do, whether they experience any such difficulties as you describe; also get, if you can, permission to see them sterilize their milk.

Condensed Replies.

D., Mount Vernon, Ind.

For the lax ligament we confess we know of no specific or direct remedy, except certain operative procedures, the value of which is not yet perfectly determined. Whatever helps the general strengthening of the child goes to prevent mishaps. Diet, good air and all the rest have to be considered. The strengthening and the combating of constipation are best done by food.

L. G., Riverside, Cal.

Generally from the first to the third month the interval is two and a half hours; then change to three. As your child is already old enough, the change can be made abruptly, the amount of food being proportionately increased. If curds are common in the stools, increase proportion of water. Your child has already had more of the cheesy part of the milk than can usually be digested by a young baby.

C. S., Spokane, Wash.

It seems to be generally believed that constipation in a nursing mother is the cause of the same trouble in the child, but it would be difficult to prove or disprove this assertion. It certainly happens not infrequently that both mother and child are constipated, and, if the child is nursing, one is tempted to consider this coincidence as cause and effect. But the same thing happens frequently in the case of children who have never been nursed by their mothers. If we assume in such cases a hereditary influence, it must be one that antedates the birth. The fact is that the causes

of chronic constipation are not always easily recognized nor always readily amenable to treatment.

M. L., Richmond, Ind.

Judicious cleaning of the teeth will not hurt the enamel; what does hurt it is improper nourishment. If the proper nourishment is not supplied it will be thin and defective and more liable to be affected by external influences. We would not expect a very thin piece of glass to withstand sudden changes of temperature without cracking, and yet we frequently subject the teeth to the greatest extremes. About the best example of this is when hot tea or coffee follows ice cream or ice water. As the glass and the enamel are composed of elements somewhat similar, these sudden changes, according to the same physical laws, would be as bad for the one as for the other.

W. K., West Plains, Mo.

There is no rule that applies to all children. With patience you will succeed, as all intelligent mothers do.

We know many young children who give warning of their need, but not by asking. Their watchful attendants have learned to associate the child's movement or expression with the cause. Again, one child may have ample time between the recognition of the desire of a movement and its fulfillment to give notice. In another child—as in some older persons—there is no such interval. Often we have observed children engaged in play who evidently were in need of attention, but who were so absorbed in what they were doing as to be unconscious of it, until led away by the attendants.

N. T., Superior, Wis.

Unfortunately most children of her age do not sleep the night through. It is true that they should not be fed or nursed at her age during the parent's night; that is to say, she should be nursed when the mother retires and again in the early morning. If she wakes she will probably need changing and may be given a little water.

R. L., Grafton, N. D.

The derangements of digestion often give a bloated appearance to the abdomen and make the legs seem relatively smaller than they really are.

D. L. B., Rochester, N. Y.

After she is thoroughly weaned the diet should be milk with the oatmeal gruel she is now getting alone, and we think that it would be a better food for her now than the gruel alone. We do not like bread before the chewing teeth ("grinders") have appeared. It is easier to wean when no teeth are pressing the gums, because when the teeth are thus pressing, the child is often fretful and uncomfortable, and it is a pity to add anything to its trouble. In other respects we think it makes no difference whether you wait for the remaining incisors or not, but by the time this reaches you they will probably be already through.

M. B., Grand Rapids, Mich.

We do not think that there is any real foundation for the belief. Of course a dull person is more likely to have a dull eye than one who is more alert. But the brilliancy of the eye really depends much upon the way the brow and lids control the light that falls upon it, upon various kinds of pressure made by the muscles of the

eye itself and its setting. Whatever there is in the belief, there is no cause for worry.

F. B., Lancaster, Pa.

Precisely how much a given child needs can only be decided after seeing that child and noting its peculiarities of nutrition. We note that your child takes considerably less than the average amount of food. As she is rather light and not forward with her teething, it may be that she is underfed. We believe that she could easily take an increased amount of the milk food, probably ten ounces at each of the milk meals.

N. F., Albany, N. Y.

There is no "best thing" in the sense of a medicine; care of the mother's diet is a useful preventive. If the colic is attended with accumulation of gas, the discharge of the gas generally gives relief. If the gas seems to be in the stomach warm drinks, either simple water or water with various carminative elixirs (peppermint, anise, etc.) assist the discharge. If the colic is in the intestines, then relief must be by the bowel. An enema of warm water, say a gill, generally starts the gas.

G. L., Huntington, W. Va.

We do think tobacco smoke unwholesome for children. Sometimes the effects are evident. On the other hand, it is to be remembered that many and perhaps most children, like adults, acquire a tolerance of tobacco smoke. It is never an advantage to children.

W., Winsted, Conn.

You do not say why you anticipate bow-legs. The commonest cause of

bow-legs is rickets—a disease characterized by deformities of the bone due to deficiency of phosphate of lime in the bones. Your letter fails to give any evidence of the existence of rickets, except a vague fear that your daughter is not as strong in her legs as she might be. This, however, seems contradicted by your statement that she has been walking since she was a year old and is unusually active. Bow-legs is generally preceded by the other well-known evidences of rickets.

A. J., Denver, Col.

An eruption very similar in appearance to prickly heat sometimes affects children when teething, or when suffering from an attack of acute indigestion or similar complaint. This is a fine nettle-rash. It is not limited to the parts covered by clothing, and not rarely attacks the palms of the hands and soles of the feet. The itching is usually more intense than in prickly heat. The eruption appears and passes away suddenly, and may often be made to disappear by an emetic or brisk purge.

M. T., New York City.

If you are going to be in town in hot weather some safeguard will be pretty certainly needed. Some persons with an eczematous tendency do show a roughness of skin when taking oatmeal; we do not remember to have seen it depending upon gruel of oatmeal. A good way to determine would be to leave it off for a week or two, resume it for a similar time and then leave it off. If the trouble came and went with the use of the gruel it might fairly be considered a cause.

The Mothers' Parliament.

My Ideal Nursery.

"I see," said the architect, "you wish to plan the nursery first, and then build the rest of the house to suit that!" Certainly, that was my intention, and why should it not have been? It makes comparatively little difference to the rest of the house where the chimneys and pipes and windows are situated, while in the nursery these things are of vital importance.

First of all, the room must be of good size, for obvious reasons. It must be in the second story, because there the air is purer and drier, the floor is warmer, and outside influences and disturbances are less penetrative than on the ground floor, while the room is more easily accessible than it would be in the third story. And it must be in the southeast corner, to insure plenty of sunshine, especially in the morning. The eastern side may have a bay or recessed window, while the southern has two ordinary windows, both provided with sash-boards for ventilating purposes. There are blinds and shades, but no curtains, in my ideal nursery.

Opposite the bay, on the western side, is the fireplace. It is recessed, with a chimney-nook on each side, arranged with low seats and cushions. It has a high fender screen in the usual position, and a gate-like arrangement before the recess, to insure small children's keeping at a respectful distance.

The walls of my nursery shall be finished with a light, cheerful paper, well covered with an unconventional design of natural-looking flowers, and

having a brighter border showing a little life among the flowers—butterflies, I think. Our last nursery had a very pretty wall paper of a cream ground with morning-glories running over it, and, the tints being delicate, the effect was very satisfactory. Wall paper is not too expensive to be frequently renewed, can be kept cleaner than a rough surface of any kind, and is much more attractive than a painted wall. It is a mistake to suppose that a light paper will not wear to look as well as a dark one. On a dark paper every mark or bruise is more distinct than on a light one, while on either it is the plain surface that is to be avoided. If the ground be well covered by the figure, small damages will not be noticeable, while more obtrusive marks can be easily covered by a piece of new paper carefully matched and pasted on. If the back of the lounge and every movable article of furniture which stands near the wall be provided with a rubber ball or a pad, and at the end of each rocker furnished, as it should be, with the rubber tip sold at furniture stores for the purpose, most of the disfigurements common to nursery woodwork and walls will be avoided. These tips come in white rubber for light furniture, and in black for dark, are held in place by pretty little star-headed brass tacks, and are not obtrusive or clumsy looking. After five years' trial of them, I commend their use on every rocking chair in every part of the house, and especially on the rocking horse. The rubber caps sometimes used on the legs of chairs,

to prevent noise and scratching on hard wood floors, are unsightly things. A rubber half-ball, which encloses the head of the one screw which holds it on, is now sold to take the place of the cap. Simpler yet, and equally effective, is a piece of thick felt, cut just the size of the surface it is to cover, and firmly glued into position.

The floor of the room must be so finished, either with hard-wood border or by staining, that the carpet, or rather rug, will come within only one and a half or two feet of the walls, in order that it may be readily taken up and re-laid, and both carpet and floor easily made clean and kept so. It is about the edges of a room, especially under the furniture, that dust is most prone to collect, and with a wood border its detection and removal are simple.

Yes, although there are some attendant disadvantages, my nursery has and shall have a thick wool carpet-rug. It makes the room warmer and more comfortable. . If properly laid and cared for, it is by no means "a dirty thing," and by deadening sound it allows the children much more freedom of movement than is possible on a floor otherwise covered or uncovered. It should be sufficiently underlaid to make quite a padlike thickness; should be fastened with large-headed brass tacks or rings; should be taken up regularly to be washed or steam-cleansed, and frequently to be thoroughly whipped in the open air, and should be wiped up after each sweeping with a clean cloth wrung out of hot water made strong with ammonia. It should be protected with newspapers when needed, or with a quilt

or other cloth when newspapers are insufficient guard against the operation in progress. An old red tablecloth has for a long time done duty when a drugget has been needed in our nursery, and is especially effective under the Christmas-tree to keep the candle wax from the carpet.

In such a room as I have been describing children learn to be much more careful than in one where they are allowed to spill and slop at will, and are far happier. They are allowed plenty of freedom, but no lawlessness, and so learn that true freedom is possible only under law. G. D.

Self-Control.

Recently, while going from Cleveland to Buffalo, an impressive object-lesson was enacted by a mother and her children upon the consequences of want of self-control.

There were five children; the oldest, a young lady, was very pleasant-looking, and dressed in the latest style. They were all dressed fairly well. What did they do? Their actions cannot be put in words, fortunately, but those who heard the unlovely words, saw the scowls and impatience hideously personified, will not soon forget them. My attention was first attracted by the mother giving her four-year-old (I should judge) little boy an impatient jerk and a scolding because his white, much-beruffled cuffs were soiled; she looked "daggers" at the child when she spoke, and, with no gentleness in her touch, pushed the offending cuffs up his coat sleeves. Very soon the smallest child, a little boy about two years old, wanted a "nink ahter." His mother said he

didn't need a drink. He nevertheless started for the water-tank, she after him; she seized him, brought him back to his seat, and with both hands thrust him into it as if she would push him through it. The little boy stiffened; the mother said she would call a policeman; would throw him out of the car window; but instead, she administered the most prodigious slaps on his head and face. She had no control over her feelings, she was tired and worried, and, like a child who cries to give vent to "nervous energy," she gave expression to her irritability by jerks and scowls and blows. The children needed no admonition to take up arms against one another. Example is really the "rod of Empire," the ruling power, the governing force, and naturally there was constant warfare among these children.

It may be said that this family is too uncouth, too unrefined, to be discussed by ladies of culture. Sometimes culture and refinement are something like the finely polished veneerings, furnishing a beautiful gloss, a fine exterior, while underneath there is only common material. Some time ago, a little boy not yet two years old broke the parlor lamp by accidentally knocking it off the table. (This happened in a cultured family.) The little one was whipped, almost beaten I may say, by his mother, who was angry because the lamp was broken, and because of the unsightly spot left upon her pretty carpet by the kerosene. When the father came home, the child was again whipped severely. Of course these parents meant by punishment to prevent a second similar occurrence. An onlooker, however,

could not help thinking that these whippings were really the method of expending this same "nervous energy" which leads the child to cry "for no reason"; which led the mother in the incidents are not ephemeral; on the contrary, they become a part of the warp and woof of the character of those who are growing up to fill places of importance and trust. When through the country appear riots, strikes and discontent, who thinks of the little "incidents" which occurred in the nursery? Who thinks of the impatient words, jerks, shakings that children have received at the hands of parents, who were unable to control themselves under trivial provocation? Self-control is an essential to wise government in the home. Words uttered once will not be unsaid; blows administered will leave a scar. In the great school of humanity children stand, as it were, like grades of what the parents' work has been; of what the parents are, indeed, in culture, in morality, in character.

The effect is sure to follow the cause, and being screened by four walls from the neighbors' eyes is not security against the oncoming effect in after years. It is no exaggeration to say, "the hand that rocks the cradle rules the world."

On the other hand, what a power one holds who is able to rise above passionate outbursts, who can be noble under trying circumstances, who can guide instead of drive the little ones

who are dependent upon him, not alone for daily bread, but for nobility of character which will serve as armor in the battle of life. C. W.

The Needle in the Nursery.

As a descendant of Eve, every little girl possesses some natural taste and talent for sewing. Yet many a time a wrong start works permanent damage to her interest in a most useful and engaging occupation.

If the bit put into the mouth of the colt inflames his jaws, if his check-rein is too tight, if saddle and harness mean to him galling and pain, his master need not expect that the animal will answer his call at the pasture bars and run to be equipped for service. So the little daughter who is not to "hate sewing" should be provided with a comfortable outfit.

Totty's first needle is commonly a pin, the primitive form. A little implement of wood having in place of an eye a knob to hold the thread which is tied around it is still employed in some of the South Sea Islands. Commander Peary and his brave wife have told us what were the raptures of a tribe of Greenlanders at their first sight of the needles of civilization—one man promptly offering his wife and children in exchange for half a dozen.

By and by our little one will discover a fraud and will demand the improved articles that she can pull through the cloth. Her next term of practice will probably be with a small darning needle, or carpet needle with blunted point, and on such materials as mosquito netting and the coarsest of lace. Under proper guidance some

valuable lessons in running and in adapting colors will be learned with delight. A weè friend of mine has suddenly seen the weak point in her needle through its refusal to enter the emery ball, "like mamma's."

By all means have the incipient needle-woman provided with a basket, or light box, for holding the few simple articles needed in her play-work. She should be early taught to fold her goods for putting away, to keep her threads closely wound, and to let no speck of dust appear on either box or contents. It should be her habit to come to her task with spotlessly clean hands.

Some fine day sees the slender thimble-finger adorned with its symbol of serviceableness. On this little instrument great things depend. Its material may be brass; its shape and fit, however, must be pure golden. To insure this it should be specially selected, and, as young fingers are given to growing, attention to the article from time to time will be necessary. Neglect in this and kindred matters is a sufficient cause for tears, discouragement and aversion, which are apt to be misinterpreted and to meet with no sympathy.

Distracting imitations of garments will doubtless mark this period, if not an earlier. Had the doll no other mission than to help forward little sewers for the love of making clothes which are her own in miniature, it would still be a boon to womankind. Happy childhood knows no happier, and certainly no more useful, hours than those passed beside a careful mother, learning the use of the needle, with illustrations in aprons and frocks of doll size,

and the quilts and curtains of a doll house. It is better to discontinue the lesson at once when signs of weariness appear. The exchange among themselves of beginners' bits of handiwork as birthday and holiday gifts is to be encouraged, both as an incentive to effort and its reward.

It is a truth worthy of acceptance that the pleasure and progress of the sewing pupil are substantially one and inseparable. Her stock of equipments should be abreast of her acquirements, or even in advance of these. A well-appointed work-basket takes the place of the slight affair that sufficed for the day of small things. Starting with pin and needle cushions, it is lined with pockets and compartments for scissors, thimble, thread and other things, so arranged in every particular as to invite neatness, order and economy. It is likewise made pretty with ribbon and lace, however inexpensive in quality, for daintiness commends to careful treatment, while cultivating fine taste in a child.

For the good condition and reasonable preservation of these articles a girl is to be held responsible. It follows, as a matter of justice, that they are to be considered her exclusive property. She should know that her work-basket is subject to official inspection at any time, and she has a right to feel secure against raids from those who may happen to want scissors and silks, or who may be afflicted with an idle curiosity.

A final word calls attention to the young sewer's chair. One adapted to the need will be rather low, to permit the feet to rest easily, yet so high as not to cramp the figure and induce

stooping and round shoulders. An unhealthy position will make any employment unhealthy.

S. G. L.

The Land of the Paper Dolls.

I often recall one of the many ways in which some children of my acquaintance used to amuse themselves. They lived upon the top of a mountain, far removed from civilization and entirely cut off from other children, but they never needed or desired any other society than that of each other and their very unusually cultivated and clever parents. These young people, three boys and two girls, ranging between the ages of twelve and four years, led an existence full of energy, interest, and romance in the adventures of a large family of paper dolls they possessed.

The dolls were real people to them; they lived a regular life divided into periods, such as a week counting a year, a day a week, an hour a day, etc., etc. They were born, loved, married, died, and were buried—all in as realistic a fashion as possible to their little owners. They built them cities—regularly surveyed and laid out by the oldest boy—with streets paved with pebbles, stores, theatres, a court-house containing archives, legal documents, etc., etc. Their three cities were named severally Chaillu (after the African explorer), Marietta, and the third, a winter town up in the garret, romantically, "Entre les Murailles."

Occasionally they would have elections and great excitement in the paper community, with political meetings, elections, speeches, campaign hits, etc., etc., when the dolls would be carried gravely to the polls (always a veritable

pole) and made to deposit there a paper containing the name of their chosen candidate.

These names were always of a very high-flown character, taken from the novels of which the children heard snatches read aloud to their elders. I remember a campaign song, to rally the masses, heading their journal entitled the *Chaillu Gazette*, beginning:

"Vote for Navarre! Vote for Navarre!

Let him Chief-Justice be!

Come, all ye people near or far;

No better man you'll see!"

Each of the children had a separate clan of dolls, the vicissitudes and adventures, intermarriages and quarrels, of which formed the theme of many a long, imaginative tale. Some of the names were unique, such as that of the chosen family belonging to the little four-year-old, youngest of the party. I can see her now, with grief depicted upon her countenance, rushing one day to an older child, crying: "O Willie, come quick! Mr. Perks of Whistleton's house is on fire." Sure enough, the diminutive shingle villa was a heap of ashes before the tin fire-engine was gotten into play to quench the raging flames.

The vagaries of the younger members of this little company of children were a constant grief to the more enlightened elder ones. I remember the disgust painted on their faces when one of the little ones, showing me the court-house of Chaillu, remarked gravely, pointing to a small china image: "That, Cousin L——, is the statue of *Diana*, before which we usually *marry our couples!*" And just as I was leaving this happy mountain home there was a division in the camp

because the younger ones wished to introduce Mormonism among the dolls, this desire having arisen from their seeing a "real, live Mormon" who called to interview their father. I imagine, however, that the "powers that were" put a summary period to this lively suggestion of the juvenile intellect.

Their ideas were certainly somewhat advanced for their age and time; for although this was some twenty years ago, they had already the doctrine of women's rights quite well developed in their miniature community, many of the candidates in their political elections being women dolls, and usually the successful ones.

Whenever any of the accidents and disasters occurred to which paper dolls are unfortunately liable, the unlucky sufferer was put to bed with pneumonia, brain fever, spine trouble, or some other disease, according to the portion of its anatomy afflicted, and in time, after the attentive ministrations of the village doctor, would appear pasted up and pronounced cured, or else carefully enclosed in a paper coffin and buried with all the pomp and paraphernalia of funeral rites they could devise.

Their dolls were real beings to these children, not made the heroes and heroines of occasional and differing romances, but owning a separate individuality, and carrying on a continued existence through many and various stages. D. M.

The Mother Mirrored in Her Child.

Many times I have heard mothers exclaim in discouraged tones: "I don't see why the children are continually

'nagging' each other!" and every time the expression comes to my ears, I think of the explanation and demonstration my father made to my little brother years ago, when his little fountain, improvised of pumpkin vine stems, would not work. We learned then that "a fountain will not rise higher than its source," and it seems to me that the mother is the fountain head of "nagging."

The children adopt her expressions and the very tones of her voice. As she speaks to them, so will they speak to each other. If children hear such expressions as "*don't* do that; *do* be careful; *hush* your noise;" the first word too often emphasized with impatience, they can scarcely be expected to preface their requests with a "please," however many times they may be admonished to do so.

There are calms and storms in the humors, moods, tempers and dispositions of at least the majority of human beings. At one time they may glide smoothly along, as on the crest of the waves; the sun may shine and life may seem an Elysian dream; at another, perhaps without a moment's warning, a very tempest may lower like threatening clouds, and impatient words burst forth like thunderbolts. These impatient words and petulant tones verily *strike* the minds of the little ones present, burning a scar which leaves its impress—who can tell how long?

Harsh words, impatient tones, grate upon the ear ever and always, and the mother who fails to control herself, who allows cross words to escape her lips, will hear those tones and words echoed back to her in the voices of her

children. She, in common with the rest of mankind, fails to see herself as others see her; she does not imagine that she is at fault when she grieves over her children's unkindness to each other. She does not dream that she is impatient, unfair and unkind, many times, in her treatment of them. She may acknowledge that she is "nervous," even irritable, and excuses her own demonstration of ill temper on this plea. But it will not work to simply tell children to be good, to be kind to each other. "The fountain cannot rise higher than its source." The example of goodness, kindness, unselfishness, must be constantly before them. Imitation constitutes such a large part of a child's nature that it unconsciously absorbs, as it were, its very character from its existing environment.

The happy home is the acme of civilization. The mother builds it according to her own development, refinement and culture. She may assume refinement, and feign a cultured air, but the superficiality betrays itself to any one who may happen to be an inmate of the home for even a few days—yes, even an hour is sometimes sufficient to discover the family skeleton which will not remain in the suspicious closet, and visitors are almost sure to catch a glimpse of it.

It is well worth while for every mother who perceives defects in her children's conduct, to begin with herself in trying to effect their reformation. Instead of repeatedly admonishing them to speak kindly to each other, let her adopt a tone and manner toward them which she would have them use among themselves. Let her persist

day after day, week after week, until she is able to control her "nervous spells" and irritable moods, and then she may look for her reflection in her children—with a satisfaction unknown to her before. The "source" will have reached a higher eminence.

The photographer must exercise the utmost precaution in the manipulation of his sensitive plates; should a ray of light find access to them they are worthless. We look at a plate in a dark-room, and see the milky white surface, and marvel at its almost magical power of receptivity. Placed in the camera, exposed an instant and a picture is there. It is true it is not visible; but watch it being developed; observe that every detail is reproduced, and you will be able to more keenly appreciate that every act committed leaves an impression, an effect, either for good or for ill.

All I have said I saw demonstrated several years ago, on a return voyage from Europe. There were two families on board, whose daily deportment demonstrated both sides of the question. Each family possessed apparently a goodly share of this world's wealth; each mother had a nurse for her little ones, and each nurse seemed also very like her mistress. I cannot better distinguish between these families than by calling them the Sunshines and the Shadows.

One day it happened that the Sunshines' nurse fell down stairs and hurt herself, so that Mrs. Sunshine was obliged to take care of her own little brood. We were seated at the dinner table. Soup had been served. Suddenly little Miss Sunshine, perhaps ten or eleven years old, upset her soup into

her lap—down her neck even—and it must have rendered her extremely uncomfortable. She looked up into her mamma's face, and said: "Oh! mamma, see what I have done!" "You were very awkward, dear," replied her mother kindly, using her napkin the while; but there was no commotion, no disturbance, no impatience exhibited. I did not hear that mother utter an unkind word; I did not see her give expression to impatience in any way. She greeted her children always with a smile of welcome, spoke to them ever in quiet, kindly tones. Her children were models of kindness. They strove to entertain each other; they watched the waves together, they recited poetry, they promenaded on deck hand in hand. Their life was objective love, and beautiful to contemplate.

What of Mrs. Shadow? She stormed like the angry waves which beat against the ship—in private—in her cabin. I could hear the sharp tones, the cross words, and even the blows, administered to the little Shadows. They screamed and disputed in like degree among themselves; no one could tolerate their presence because of their quarrelsome dispositions. The day we landed the youngest Shadow had been dressed in his best, and all was eagerness and excitement on board. Everybody was glad to discern the "land in sight." Little unfortunate Master Shadow soiled his dress! Mrs. Shadow raved and raged. There was not time to don another robe, and poor little Shadow was spanked and spanked till I was afraid *his* shadow would never be greater. The whole family was out of patience, the nurse jerked the other children, the

father did likewise, and the children quarreled and teased each other in all possible aggravating ways.

These two living panoramas may serve as representations of thousands all about us. The two sides of the picture are not often placed in such close juxtaposition that both may be observed and studied at the same time; but they exist in our very midst, none the less—and it is to be hoped that mothers will consider it one of their prime duties to speak softly, mildly, kindly, always and invariably. A correction should never be made in angry tones; a reproof never given in impatience. Can a higher, broader sphere be sought by any mother than the perfecting, through herself, of her children and her home? P. L.

Rushlight Psychology.

"Ead Laula pitty 'tory," coaxed a wee girl, depositing on her mother's lap a book that she had brought for the purpose, and leaning against her with eyes raised in fond expectancy. My friend opened and turned the volume toward me, but kept her countenance. "Bricks without straw," was my amused comment, seeing that it was a pocket dictionary she held. But I was mistaken in not taking into account her personal resources. Running her eyes down the page, they fell on the word *cocoanut*, and with a little clearing of her voice and gentle painstaking with her little listener's position—to gain time, I suppose—the story began:

"A long time ago and a great way off, in a country where it is summer always, there stood a cocoa palm tree. It was the first that ever grew. Not

in all the world was there another tree of that kind, to bear cocoanuts. It bore none till it was seven years old. All that time the tree had been growing tall. It was not like any trees we know, such as maple and oak, for a cocoa palm has no branches and no leaves except at the top."

"Where do the wobins make nests?" interrupted Laura, showing that she followed the description closely.

"I—think," hesitated the story teller, "the birds must have built in bushes or on the ground, because this tree went straight up like the liberty pole on the square."

"With a flag on it?" inquired the child.

"Like the pole itself, with or without a flag. But at the top grew long leaves, and stems of cocoanuts, each as large as a baby's head. You know how a cocoanut looks, don't you?"

"Monkey face on it," was the satisfactory response. (Later my friend told me that this remark of Laura's suggested the monkey of her improvised story.)

"Well, the tree ripened its fruit four times a year, as many as a hundred nuts in all. A man—no, a monkey—climbed the tree one day to get some. He picked one of the cocoanuts and threw it into the sea just for mischief, for this tree grew close to the shore. The nut was frightened and called to the tree, 'Oh, mother, take me up out of the water. My green frock is all wet, and I shall drown.'"

"Oh, it's a p'ay story," put in the smiling child, with ready discernment.

"Yes, it's partly a play story. But the tree replied, 'My dear child, I have

no arms that I can reach you with. Do not be afraid. Your hard shell is as good as a boat. In it you will sail away, away, to seek your fortune. And I hope somebody will be the better for you.'

"First the ocean waves bore the nut to the north, where the weather is cold. And the nut felt very homesick, knowing it could never prosper there. By good fortune it struck another of those rivers that flow through the sea, and it then floated southward a long, long distance, till it lodged on the shore of an island much like its home. Here sprouts grew out of the spots, like eyes, on the end of the cocoanut, and a stem rose from the ground, and it became a tree like the other. But this young tree was half way around the world from the place where the nut was grown. By and by, when the tree was old enough, it bore fruit, too."

"For monkeys, mamma?"

"Better than that, dear. There was a little girl playing under the tree. She had a dark skin, and wore no clothes, because the weather was never cold. On her neck she wore a pretty string of corals. A cocoanut fell to the ground when a wind passed by, and the child rolled it for a plaything. Afterward her dark skinned papa cut it open, and her dark skinned mamma ate some of the rich meat, and gave the little girl the milk that was inside, with half the nut shell for a drinking cup. Oh, they were a happy family and wanted for nothing!

"Some of these nuts sprouted and grew where they fell, till there was forest of cocoa palms. More were carried away by ocean currents, and

when they found a good place, there they made themselves a home, till all the warm countries had trees and raised cocoanuts. Ships carried the fruit to sell in other countries where it would not grow. That is why we have it in our market. And at present the people who first ate cocoanuts make cloth and various other things of the outside husk. In fact, the nut bearing trees are useful in so many ways, that a man who owns a few is rich.

"And now my story is done."

"Thank you, mamma." The child raised herself to bend over the book that lay on the lap with her, adding—"I *wis'* they'd made a picta of the 'ittle dirl wiv a dark skin and beads on." It seems worth noting that the human element in it adorned the tale for her. Children love stories, and a story illustrated is a double delight—facts never so fully recognized as in the present expansion of literature and the pictorial art. The "pitty 'tory" that this child had bespoken, when told was truly not of the "syndicate" order, but it shall be credited with answering its purpose to amuse, and something more—which is not essential in all cases.

I heard Laura retell the history of the cocoanut to her doll several hours after it was told to her. It was given with a fidelity impressive as to the firm hold narrative has on the child mind, and, by suggestion, as to the responsibility of those who furnish stories for this class, either with tongue or pen. Not less did it suggest careful inspection of the mental food to be allowed in tender years.

A slip of memory or a confusion of

ideas occurred where Laura's mother had jumped from man to monkey; Laura's doll (it can hardly be suspected in the interests of Darwinism) was informed that a *monkey-man* climbed the tree. At another point the little mother added a decided embellishment, changing her voice to a funny squeal when speaking for the cocoanut baby afraid of the water. That was purely out of her own imagination, since there had been no affectation of the sort in the story as originally told.

To return to the moment Laura left us, her story-hunger appeased for the present: "Woman," I observed with dramatic intonation, "you must have sat at the toes of Jules Verne to be capable of the truly scientific and truly absurd account just given your young daughter."

"Are you starring as a reformer?" pleasantly retorted my friend. After a moment she went on seriously: "Parable, allegory, fable, fiction, in their beauty and utility, rest on too good authority to be questioned at this day. My child is only ordinarily intelligent, but she knows what a 'play story' is even before knowing her alphabet."

We agreed that the typical story, "Little Red Ridinghood"—one that "caught on" no less than did the "Arabian Nights" with children of a somewhat older growth—is so clearly a capital farce, with its conversational wolf donning the grandmother's cap and making believe, that no child ever could or would be struck with anything in it so much as its irresistible drollery. "Jack, the Giant Killer" is a companion extravaganza; the two

women in council vainly explored our own childhood to discover a period when we did not know the story, not merely by rote, but know and relish it for all it is worth of impossible setting and fantastic coloring—a prestidigitation for the ear. Was there ever a child who took "Mother Goose" seriously and inquired how a cow could jump over the moon and a dish run away with a spoon?

We coincided in opinion that the child's enjoyment of Santa Claus is not enhanced by accrediting his personality and the actuality of his reindeer and chimney fascinations and that, indeed, such credulity is uncommon. Sunday-school tots before the dazzling Christmas tree, half wild with delight at the appearance of the patron saint of childhood, are simply filled with an intense curiosity as to whose are the familiar form and face within the grotesque frosted robe and bearded mask. Finally we "resolved" that the psychological study of childhood, whose introduction into this country marks an educational era, is the true key to child training; also that our purveyors of juvenile literature have a perpetual challenge to displace the reigning old stories with others thoroughly rational, better unified with the world's advancement, and not less captivating dear to the hearts of our children. M. T. S.

Home-Made Doll-Beds and Matting Catch-All.

We had four peach-baskets lying down in the cellar, seemingly useless, unless for kindlings. Two of them were alike, and I made doll-beds of them, and very pretty ones they make,

too. I moved the handles back to one end and brought wire from the edge of the basket to the handle, just as BABYHOOD suggested for a baby's bed. I covered them first with blue cotton flannel that had seen its best days, then covered that with the best parts of an old lace curtain that had been consigned to the rag-bag, made little pillows and mattresses of old blue lawn stuffed with "excelsior," and pillow-cases and covers of the lace. They are delicate and dainty-looking and can easily be made clean when soiled. The children are delighted with them and they cost nothing but one forenoon's time. The "excelsior" is finer and nicer than shavings, and is good to stuff cushions and anything of that kind. It is given away at any furniture store for the asking. Of the other two baskets I used one for a work-basket for myself (it makes a very neat one covered with cretonne) and the other for a waste-paper basket for my husband's writing table.

For a hanging receptacle for children's playthings or papers, the matting that comes around teas can be bound with bright braid and made into any shape desirable. This matting can be had for little or nothing at any grocery store.

C. B. M.

The Time-Honored Menagerie.

Although the mother who writes in BABYHOOD on "The Home-Made Circus and Museum" gained her point in making the little one forget his disappointment at not being able to see the real circus, I should like to suggest a means by which she can make his next circus performance a greater success.

At all toy stores, and in cities, at most stationers, are to be found "Little Folks' Menageries." These consist of pasteboard or thick paper sheets on which are printed, in their natural colors, animals of all sizes and descriptions, which, if cut according to directions given, stand upright. From these children acquire a much better idea of the actual appearance of the animal than any cuts from advertisements can give, and the busy mother need not be disturbed. These cards come in packages of five, each package costing only 10 cents. The usual 2-cent postage will, I think, carry them to any part of this country.

B. G.

Jingle Bells.

These bells, so easily made and so heartily prized by any youngster, require $3\frac{1}{2}$ yards of inch-wide yellow ribbon, a dozen tiny bells and an embroidery hoop 8 inches in diameter. Wind the hoop closely with ribbon, then cross ribbons around the hoop from side to side, forming a wheel with six spokes. Sew bells at the center half way from center to rim and at the end of each spoke, and finish with bow of ribbon at the top.

L. W.

A kitchen convenience which is not present in every household is a pair of sharp scissors. Scissors are used to trim lamp-wicks—which is a wrong—and to cut papers and string; but seldom for trimming bacon and ham rinds, skinning parts of fowls which need skinning, and trimming salads. These are proper uses for scissors, and the use of them saves much labor.

Nourishment

THE mother needs it, her babe needs it, her present health and its future life depend upon it.

If the mother is thin and pale, the baby's food is thin.

Scott's Emulsion

will strengthen the Mother, and supply to the baby's food the nourishing properties so necessary to good health and proper development of mind and body.

All Druggists

A few years ago artistic-looking lamps were so rare that they could be obtained only from expensive shops. Public taste has so much improved of late that many beautiful ones can now be obtained at a reasonable cost at most of the stores. There are two divisions of lamp bases, namely, those made of pottery and those of metal. The use of pottery for the base of a lamp, however, has opened up a wide field for individual effort. Almost everybody has some piece of pottery which can be used to good advantage for a lamp base. Many a useless vase can be turned to good advantage in this way. It is not advisable to attempt to make that part of the lamp known as the fount, but these can be bought from any of the lamp stores to fit almost any size base. They are usually made in the plain brass. If



No. 147 Regular size.



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¶ The ANTI-COLIC NIPPLE does not disfigure Baby's mouth. It has three holes just like the mother's breast. The food flows easily—no strong, direct stream to choke the baby.

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properly constructed lamps are used, the old-time objections of smell and smoke are done away with. A kerosene lamp which can be lighted easily, and which does away with smoke and smell, is bound to appeal to every one. Such a lamp gives a perfectly steady light and casts no shadow. If one reads or writes much at night there appears to be nothing quite equal to a student-lamp for complete comfort. They now come in brass and copper, but both require a great amount of attention, as they tarnish easily. It is doubtless for this reason that many turn to nickel plate, which is anything but attractive. In some of the newer student-lamps the burner end is somewhat larger than the old style. Many of the high-priced lamps in leaded glass, and metal are beautiful as objects of ornamentation, but are not

practical. It is quite true that the cheap, ugly lamp usually gives the best light. All sorts of pottery is used in the making of lamps, and Japanese designs are effective.

Good Feeding in Infancy.

Dr. A. Belcham Keyes, in a lecture before the School of Domestic Arts and Sciences, Chicago, recently reviewed what good feeding in infancy prevents: (1) It lessens the number of cases and mortality from acute intestinal and infectious diseases. (2) It avoids the distressing condition known as English disease, or rickets, from which a large number of children die annually, and, if they survive the disease, are often deformed for life. (3) A large number of the cases of tuberculosis, especially of the bones, in young children are predisposed to the disease by the catarrhal conditions of the intestines, in which conditions they take into the circulation the bacillus of tuberculosis, which the imperfect inner lining of the blood-vessels of the long bones makes a good resting-place, with its resultant chronic invalidism, and later frequent implication of the lungs, and death. (4) Proper infant feeding, even if these first three escaped, is a necessity for the good health and perhaps even the formation of the character of the child that later will become the man, and this is the preservation of the health and character of the American-born man.

A good combination for serving in grape-fruit glasses or shells is pineapple and grape-fruit. Shred both

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fruits and mix with sherry and a little sugar. Decorate with two or three maraschino cherries, and serve very cold.

The prettiest hats are those which were so popular last summer, lingerie hats. They have been much improved and are now presented in combination with fine straw as well as in all-over embroidery. Pale colored embroideries are used as often as white, and will be worn to match gowns in delicate hues. The pale pink hats are charmingly becoming, giving even pale faces a glow of color. The pale blue hats will suit blonde women and brunettes whose color is high. No one wears pale blue better than the latter type.

Present and Former Methods of Treating Children.

Dr. L. Emmet Holt of New York City in a paper says that the treatment of sick children exhibits two subjects of importance—dietetics and general hygiene—and that the nutrition of the child should be the first step in treatment. In the treatment of intestinal disorders he regarded as essential factors evacuation, diet and rest. In the chronic disturbances in children beyond infancy a careful dietary, in his opinion, was the only treatment giving permanent results. Unless severe lesions were present, the majority of the other measures were useless. The neuroses he believed to have their origin in impaired nutrition. In pneumonia the greatest effort should be made to put the body into a condition of resistance. The question of fresh air he believed was too much ignored. In bronchopneumonia fresh air that was not cold should be abundantly provided. The use of two rooms alternately with the air first warmed he suggests as valuable in treatment. The thought which he emphasized was that a better understanding of disease and a broader knowledge of children showed that the greatest need was a more scientific and intelligent knowledge of practical dietetics and a better understanding of the condition of health and growth. Of greatest importance in acute and chronic disease, he believed, was the knowledge of how best to preserve the nutrition of the body and thus take advantage of Nature's wonderful power of recuperation in early life.

Proprietary Medicines.

H. P. Loomis calls attention to special objectionable features of proprietary medicines, the secrecy, the commercialism, the dressing up of old

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remedies with new names, and sometimes the fraudulent recommendations. He sent circulars of three proprietary medicines, widely distributed and pretending to give concise details involving chemico-physiological facts, to three well-known physiological chemists asking for a simple explanation of the reading matter. The answers were essentially the same in each case that the pretended concise descriptions were largely mere jumbles of words without meanings. He asks how the average physician can discern the truth when the expert fails.

If you have scorched your milk, quickly remove the vessel from the fire and stand it in a bowl of cold water. Put in a pinch of salt. It will be found that the burnt taste has almost if not entirely disappeared.

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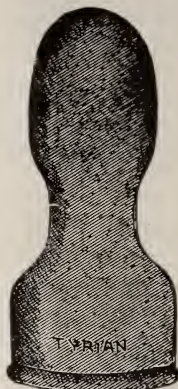
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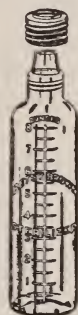
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Practical Hints Regarding the Administration of Medicines or Application of Remedies.

The giving of medicines often requires a little tact, and a knowledge of details helps exceedingly to the successful administration. Before entering upon these details, a few general remarks may be made.

First of all we would deprecate the practice often indulged in by the ignorant; and sometimes by those who should know better, of holding up the physician as a bugaboo and the administration of medicine as punishment, or, at the least, a thing to be dreaded. Medicines sometimes are unpleasant, more commonly need not be, and in any case it is the part of wisdom to prepare the way for a possible need by speaking of remedies as helpful rather than as objectionable, and of the physician as a family friend in time of need rather than as a beadle or nursery executioner. This advice is fortunately now less necessary than formerly, and the "Doctor" is in many

houses quite as popular in the nursery as he is anywhere. And we have known certain pious frauds to work to advantage, such as in families where candies are rarely admitted to always call them "medicine," which name therefore became associated with a pleasant rather than an unpleasant thought. Further, medicine is taken best in those families where discipline is best. What the mother thinks best the child accepts, medicine included.

Another general suggestion is this: Do not make a parade or fuss in getting your remedy ready. If anything of the sort be necessary, let it be done out of the child's sight and the remedy be brought when ready for administration; it may then be swallowed without objection, while, if time had been allowed, antagonism would have been excited. Make the giving of each dose as tidy as possible.

If doses are to be given frequently,

or for some time, it is of help to make out on a slip of paper a schedule of hours for them, and as each dose is given, draw a line through that hour. This shows, afterwards, not only when the dose should have been given, but that it was given. The plan is especially useful to avoid confusion when more than one remedy is required. The tumbler covers with dials are handy, but only when the medicine is in liquid form.

Liquid Medicines.

Liquids constitute the chief form of medicine given to children, owing to their inability, as a rule, to take other forms. If a medicine has little taste, or at least little disagreeable taste, this form is unobjectionable, but otherwise the other forms are preferable as soon as the child is old enough to take them, as in them taste can in one way or another be hidden. Medicines are sometimes insoluble and must be given in some more solid form. It should be remembered that some infants dislike to take anything into the mouth except by sucking. It is rather hard to teach such children to take even a drink of water from a cup or from a spoon. The readers of BABYHOOD know that it always recommends the giving of water even to the youngest suckling, and it is an additional reason for so doing that by this means the child learns to take liquids from a spoon or cup, and has less difficulty in taking medicine in case an emergency arises. If a medicine is prescribed by a physician, learn from him just how it is to be given, even as to the amount of water in which each dose is to be administered.

This latter point may not be important in many cases, but in another it may. For instance, saline medicines largely diluted may act upon the kidneys, while, if less diluted, they would more probably act upon the bowels.

As a rule, medicines which are in any degree pungent or which might be irritating, should be largely diluted, or water be given directly afterward. On the other hand, medicines which have a decided taste should be diluted as little as is consistent with the foregoing rule, in order that the disagreeable taste may not be unduly prolonged. It is not good policy to sweeten such medicines, but rather to give the *douceur*, whether a sweet or a tasty fruit, immediately afterward. Sometimes a decided taste, as of orange juice, in the mouth just before the medicine, is an excellent disguise, especially if it be repeated just afterward. We will speak of this more fully presently.

If a liquid is to be given in doses of a certain number of drops, especially if given frequently, much time and annoyance may be saved by mixing a number of doses at once. For instance, suppose the physician has ordered that a drop of tincture of aconite be given every hour or half hour until certain effects are produced. The dropping a single drop thus often is sometimes difficult, especially with the agitating circumstances which attend a baby's illness. It is then better to drop into a tumbler or some other convenient vessel a certain number of drops of the medicine, it does not much matter just how many, if they be counted. Then add the same number of teaspoonfuls of water, and mix

thoroughly by stirring. Evidently each teaspoonful will contain one drop of the aconite, and it is only necessary to stir the mixture well before each dose and to take up the teaspoonful, to ensure the proper quantity. If the dose were larger, it is easily gotten at by giving the requisite number of teaspoonfuls; or, if smaller, by adding a proportionately larger number of spoonfuls of water at the start. In any case drop the medicine before adding the water.

In spite of the advances of pharmaceutical chemistry it is sometimes necessary to give solutions containing acids either as such, or as helping the solution, like some preparations of iron. These solutions "set the teeth on edge," and fears are naturally entertained, and sometimes with reason, lest the teeth be injured. In such cases it is well, unless the physician has a reason to the contrary, to resort to the following device to prevent harm. Before giving the dose, dissolve a little baking soda, say, a good pinch, in a third of a tumbler of water, warm water we prefer. As soon as the acid dose is taken, let the patient rinse the mouth with the soda, which neutralizes the acid and removes the "on-edge" feeling. If the child is too young to do this, wash the mouth with a rag dipped in the soda. Older children can also prevent harm to the teeth by the use of a tube or straw in taking the acid.

Oily liquids require some special attention. In domestic practice, and on the whole wisely, castor oil plays an important rôle. The fact that this remedy keeps its place in spite of its well-known inconveniences is evidence of

its usefulness. But its giving need not be made so difficult as it often is. If the oil is fresh and of good quality, its taste is not nearly so bad as that of many things more readily taken. If through carelessness the oil becomes rancid, it is a nauseous dose. Oils exposed to the air, especially in warm places, easily undergo changes, and the following precautions should be observed as regards castor oil, cod liver oil, emulsions of either, or of almond oil, often used in cough mixtures. Keep always in as cool a place as practicable. Before giving a dose, see that the neck of the bottle is clean on the outside. Pour out the dose carefully and clean the stopper and neck inside and out before the former is replaced; then cork tightly. The reason of this is that if a film of oil is left exposed to the air, it soon becomes rancid, and in pouring the next dose some of the rancid oil goes with it—enough to give a taste; and when the pouring ceases, the oil that returns to the bottle carries with it some of the rancid oil, enough often to set up a similar process in the bottle. Similar precautions are useful, but not so necessary, for syrups or thick solutions containing gum or sugar.

In administering oils (and we may take the castor oil as a type) it should be remembered that a good deal of the objectionableness is due to the viscosity. Therefore, first heat the spoon by immersion in hot water, or in any other way. If the child is old enough to be allowed, or to have acquired a liking for, sapid things, it is well to squeeze a little orange juice into the hot spoon, then pour in the oil and squeeze a little more juice over the

oil. The heat of the spoon makes the oil flow more readily, and the juice above and below renders the oil hardly recognizable. If the baby is so young as to object to the spoon *per se*, there is no use in trying to disguise the oil, but this heating of the oil or spoon is always helpful.

This is a proper place to say that we believe that much of the disgust manifested by children for medicines is simply imitation of their attendants. When, many years ago, we were told by an old physician that children rarely objected to cod liver oil unless they had seen their elders make a face at it, we were surprised, but experience has convinced us of the correctness of the statement. So far as we have observed, more children actually like cod liver oil emulsions, for instance, than object to them.

Medicines in Solid Form.

To little children, powders, pills, capsules and tablets are often more difficult to administer than any liquid. This is frequently so because to them swallowing has been an automatic act, and when they endeavor to swallow, even with the best intent, a small object, it is likely to lodge in some part of the mouth over which the child has little control. This, and not the covering of the taste, is the secret of the success of the old-fashioned device of hiding the pill or powder in a good-sized crumb of bread. A large and sufficiently soft bolus is thus formed which the tongue can readily manage. The draft of water acts in the same way. It can be swallowed, and with it goes the dose. This also is one of the advantages of the wafer paper

used in administering medicines. Common thin white tissue paper will serve to hide a bitter powder if no better cover is at hand. It may then be taken as a pill, placed well back on the tongue and swallowed immediately with a full draft of water.

There are one or two points about the physiology of swallowing which, if understood, are helpful, namely, first, that swallowing is made easy by the action of the saliva moistening the mass to be swallowed; but if, to avoid taste, speedy swallowing without time being allowed for insalivation be required, or if by reason of fever the mouth be dry, swallowing will be more than usually difficult. Hence another reason for the drink of water. Secondly, that while the passing of the bolus to be swallowed through the mouth proper is done by the muscles of the tongue, which are voluntary muscles even if they act unconsciously, when the bolus reaches as far back as the uvula, it comes within the domain of muscles which act spasmodically and force it down the throat. Every child knows that if it allows a candy to get too far back on the tongue, it "slips down the throat." Hence, if by reason of nervousness or of anything else a pill cannot be swallowed, it is only necessary to place it upon the back of the tongue, and it must go. If there is left a sensation that it has "stuck" anywhere, a draft of water will remove it.

Poultices.

The making and application of poultices requires a little knack or knowledge. The materials used may be various, but a few kinds only are in very common use, such as freshly

ground flaxseed, ground slippery-elm bark, and bread and milk. Whatever is used, the mixture must be, when done, entirely smooth; nothing hard or harsh is admissible. If bread and milk or bread and water be the materials, the boiling water should first be poured into a hot bowl, or the water may be heated in a saucepan. In either case the bread-crumbs, no crust, should be broken into it and the whole beaten together with a fork, to keep the mass as light and soft as possible. Flaxseed meal or ground elm bark may be stirred into the hot water and heated till the mass boils or steams and becomes soft. A poultice should not be so stiff as to be harsh, nor so thin as to run.

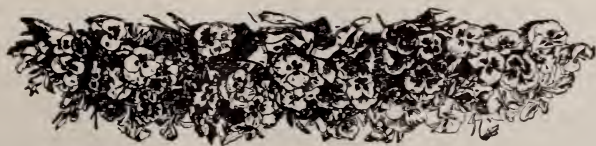
Any soft, thin fabric of sufficient strength will do for a poultice cloth. Of late years the porous materials known as cheese cloth and butter cloth have in great degree displaced others. They are very suitable to the purpose and so very cheap that they may be thrown away without thought. Bags of these materials of suitable size may be made, into which the poultice mass is filled when ready and the open side stitched up, or a suitable piece of the stuff may be laid upon a hot plate and the mass spread a half-inch thick or more, the edges turned over and stitched together if they do not remain in place without. The poultice should be always large enough to considerably more than cover the surface

to be acted upon; a boil, for instance, having a reddened surface two and a half inches across, will require a poultice four inches square at least.

One of the inconveniences of poultices is their drying and sticking to sensitive surfaces or to parts upon which short hairs grow. This may to a great degree be obviated by first putting oil or vaseline upon the surface of the skin or of the poultice; and both the drying and cooling may be hindered by placing over the poultice a piece of oiled silk or gutta-percha tissue, and over it again some cotton batting, the whole to be kept in place by a bandage or the like. The older method of making poultices covered on one surface only with cloth favored this sticking, but the open-textured kinds of poultice cloth mentioned may cover both surfaces of the poultice mass, one lying between the latter and the skin.

In putting on a poultice let it approach the surface to which it is to be applied gradually and put it in place as soon as the heat can be borne. It usually needs renewal in a few hours—two to four on an average.

In the absence of any suitable poultice material a temporary substitute may be found in a thick piece of cotton batting, or, still better, absorbent cotton, dipped in hot water, pressed partly dry, and applied and treated, as to covers, as advised for a poultice.



Sleep and its Disturbances in Children

Perpetual motion in things animate is an impossibility. It matters not with what vigor or animus certain organs may functionate when called upon to do so; it is absolutely necessary that they rest a proportionate time. This is peculiarly so of the human body, where the change from activity to repose is as regular as the diurnal planetary changes. Of all the attributes of human beings, sleep is the one that dominates them most tyrannically. Its deprivation is the cause of the greatest suffering, its presence is nature's most precious gift. During activity of the body and mind it is that most destructive changes go on in the body, and during repose and rest that such changes are repaired, and so it follows that just in proportion as is the tearing down so must be the building up.

Importance of Periodical Rest.

The necessity for sleep varies in different nations, in different people, in different ages and in various other ways. The amount of sleep necessary for an infant is more than double that required for an adult, and this is accounted for by the purely vegetative existence a child lives during the first few months of its life. As it grows older and the ability to acquire ideas is given to it, the necessity for sleep is less manifest. For instance, a newborn babe should sleep continually while it is not feeding, while at one year of age fourteen hours of sleep are quite sufficient.

Although disturbances of sleep are of not so frequent occurrence in in-

fancy as at a later period, their advent at this age is one of the most serious drawbacks to the preservation of health. As a general rule, it may be said that a child who sleeps well, eats well and thrives vigorously is able to resist the occurrence and inroads of disease; while, on the other hand, the child who sleeps insufficiently or disturbedly is apt to be peevish, irritable and nervous during the day, and its health becomes seriously disturbed as the consequence. Such children are easy victims of current diseases.

With a little knowledge of the causes of sleep and its ordinary disturbances, mothers and nurses can do much to avert the natural consequences of its perversion.

What Causes Sleep?

For a long time it was thought that sleep resulted because there was an excess of blood in the brain, a blocking up and sluggishness of the circulation as it were; but this idea was long ago exploded, and now all physiologists agree that the underlying factor in the occurrence of sleep is a diminished amount of blood sent to the brain under a diminished amount of pressure. This has been proven in many ways. It is the natural solution of the problem of sleep likewise, when we attempt to reason it out. We know that for any organ, or even individuals, to perform its work well and properly, it must have a proper stimulus. This stimulus is furnished to the brain by the blood, the result being that it functionates properly; and, on

the other hand, when the blood is diminished, the parts most highly developed will cease to functionate first, then the others in the reverse order of their importance and development. If we think for a moment what the succession of events are when we pass into the arms of Morpheus we will find that this statement is verified. At first some one or all of the special senses are blunted, objects fade before our view and the eyes gradually close, the hearing becomes less acute and we become less conscious to impressions derived through the other special senses. Then the higher faculties of the brain, such as reasoning, imagination and thought, become benumbed, and gradually we pass into a condition of unconsciousness varying largely with the conditions our brains have been in before sleep ensued.

The special senses are of the highest development and organization, and it is here, by the cessation of their function, that the diminution in the quantity of blood is first made manifest. For instance, we know that one of the easiest and most certain ways of inducing a state of drowsiness is by tiring some of these special senses, such as sight and hearing. A practical manifestation of this is seen every day in the nursery, where the singing of a lullaby quickly impresses the hearing of the babe, and sleep is the result. It is seen in another way in sleep that is induced by the ill-advised habit, more in vogue formerly than at present, of rocking. Those who have sat by a cradle and watched an infant from the time it is first put in until it is asleep have noticed that at first it lies with its eyes wide open, and, while

it rolls from one side to the other with each swing of the cradle, its eyes travel over a large area, but do not dwell on any one spot sufficiently long to have its little mind impressed; in this way its brain becomes fatigued with a good deal of rapidity, and sleep rapidly follows. An example of the soporific effects of external impressions can be seen much more vividly on the Sabbath when one finds himself constrained to listen to a discourse unentertaining, both in sentiment and delivery, and especially with the larger part of his neighbors about him in various degrees of somnolency. Southey, who was a martyr to insomnia, relates a most amusing incident of how he successfully applied this last method to induce slumber. After having exhausted every other means, he says that at last Morpheus reminded him of Dr. Torpedo's divinity lectures, where the voice, the manner, the matter, even the very atmosphere and the streamy candle light, were alike soporific; where he who, by strong effort, lifted up his head and forced open the reluctant eye, never failed to see all around him sleep. The memory of this course of lectures, heard twenty years before and called up in the imagination, was sufficient to induce the desired sleep.

One is often surprised to see the rapidity with which young children drop off into sound sleep, but it is a simple exemplification of their weak powers of attention, and anything which diminishes this attention induces sleep. After the mind has been strained or excited in one particular direction and the reaction follows, sleep comes on very quickly. The

physician is often called to see children who have received a fall, or some other injury which has had no other effect than to cause a fright, and finds when he arrives that the child is sleeping placidly and more deeply than naturally. As the result of the fright a larger amount of blood was sent to the brain, and this, disappearing with a rapidity corresponding to its occurrence, resulted in the condition which is the basis, or at least the most common attending condition, of sleep, viz., diminished amount of blood.

Aids to Sleep.

Knowing, then, that this condition of the circulation is the *sine qua non* of sleep, means should be taken to facilitate its occurrence and to remove any obstacles that might hinder it. In this way attention should be given to the temperature of the sleeping room, the position of the head, the amount of pillow and covering, and the position the child should occupy. It is unnecessary to say that the night dress about the neck should be sufficiently loose, so as not to offer the slightest degree of constriction, and it should be made of flannel or silk. The pillows should not be too soft and of only a moderate height. A slight elevation of the head contributes to bring about the desired condition as regards the circulation in the brain; while, on the other hand, if the head be too high, the heart must work harder to pump the blood in, and therefore it will enter with a greater degree of force—an undesirable result.

Regarding covering, it is here that mothers err most often. It is no uncommon occurrence to have a child

put to bed with no more covering in the night that it had in the shape of clothing during the day. Yet during the night the window is probably open, the temperature of the body has dropped from $\frac{1}{2}$ to 1 degree, and the vital functions are all at a lower ebb than they were during the day. Of course, combustion is at the bottom of all heat production, and in the human body it is the combustion of the food-stuffs with the oxygen that is taken in at each respiration which results in the formation of animal heat. This process of combustion goes on mostly in the blood; and as the circulation of the blood is slowed in sleep, as has already been pointed out, it will be readily seen that less heat is manufactured during the night than during the day; and it follows that greater precaution should be taken for the conservation of the bodily heat during the former than during the latter. As a matter of fact, however, this is often neglected. It matters very little what the temperature of the sleeping apartment is, so long as it is not above 55 degrees, and providing that when it is cooler the cold air is prevented from coming in too direct contact with the child's body, and thus causing too rapid radiation of heat.

Of course there is such a thing as putting on too much covering at night, but the danger is more apt to be that there is too little than too much. An excess of clothing has a tendency to increase the calibre of the blood vessels, and, therefore, to allow of a larger accumulation of blood in any of the organs, and particularly those more directly in contact with the pillow and the bed, viz., the head and

spinal cord. This, therefore, should be looked after.

A moderate degree of warmth predisposes to continual and undisturbed slumber. A child put to bed in a moderately cool room and with sufficient covering to keep it comfortable while the temperature of the room remains the same, will sleep on undisturbed. Toward morning, however, when the mercury falls considerably, the cold air will stimulate a greater activity of the heart and respiration in order to obtain the necessary elements for the manufacture of bodily heat, and the results are that more blood is sent to the brain, and the child awakens. This is a conservative process on the part of Nature to prevent us from taking cold. If the stimulus is not of sufficient intensity to cause complete awakening, it will result in sufficient blood being sent to the brain to call some of its functions of intelligence into activity, and the results are dreams, denoting imperfect slumber and restlessness. It is not at all necessary that the entire surface of the body should be exposed to the cold in order that these influences may be transmitted to the brain; frequently it results from cold hands and feet alone and occasionally from other forms of irritation. Intense heat will do the same thing, and such is the cause of early wakefulness in summer when the thermometer indicates a high degree even in the early morning.

As regards the position of the body most conducive to normal slumber, it may be said that young children sleep best when on their back, but as they grow older they should be accustomed to sleeping on the right side. The

right side is to be preferred to the left on account of the heart and stomach being on the latter side, and pressure on either one is not always borne without remonstrance.

Too much care cannot be expended in getting perfect ventilation for children's bedrooms. Such perfect renovation and restoration of the tired and wasted parts goes on during sleep that it is a pity to hamper this beneficent influence by stinting the amount of fresh air. When the ventilation is perfect the child awakens chirping and bright, and is full of activity and life, for the reason that during the night all the waste products of the system, the result of the previous day's activity, have been eliminated from the system. If, on the other hand, the access of fresh air has been imperfect, the child arises peevish and unfreshed, and a continuous recurrence of this will soon result in manifestations of ill health.

Common Disturbances of Sleep.

The most common disturbances of sleep in infancy are night terrors, insomnia, nightmare, dreams and sleep-walking, or, as it is technically called, somnambulism; and of these the most painful and distressing to witness is the first named. Insomnia, which in later life becomes so troublesome, is comparatively rare in infancy. Children who suffer from night terrors are generally weakly and delicate and frequently of nervous parents. They are rarely strong and robust and often are troubled with some disorder of digestion, although sometimes this disturbance occurs in children who are generally otherwise quite well.

The attacks ordinarily come on in a very abrupt manner. The child has been put to bed apparently well, and after sleeping from one-half to two hours, suddenly starts up with a most terrifying shriek, accompanied by gestures indicating that he sees something which is repulsive and is frightening him. The eyes may be wide open and staring; he calls loudly for his mamma or nurse, but when they approach he does not recognize them, and perhaps struggles to get away from them. Soon a profuse perspiration appears, and after a variable time, lasting from a few minutes to an hour, he begins to recognize his surroundings, and frequently, without becoming thoroughly awakened, nestles up in his mother's arms and sinks into a peaceful slumber like the one from which he was aroused. Sometimes, when thoroughly awakened, he can give no idea of what frightened him, and, if old enough to talk, seems to be somewhat reticent about mentioning it; then after passing a large quantity of urine, he quickly goes to sleep. Often these children while in attack will make gestures as if warding off some repulsive or dangerous object, and, again, will cower in the corner or under the bed as if endeavoring to escape from some imaginary foe. Frequently when the mother or nurse attempts to soothe them they will continue to struggle in efforts to escape. These attacks recur at varying intervals, frequently not more than once a week, and it is very rare for a child to have more than one attack in the same night.

When we attempt to trace a direct connection between the attack and

some immediate cause we often find that it is impossible. Occasionally the child may have had a fright, or has been punished, or has gone to bed with an over-filled stomach, but ordinarily none of these factors will be present. Teething has been thought to be a cause, but these attacks are most apt to occur between the ages of two and six years of age, a period when the first teeth have already appeared and the second are not due. In some instances there is no doubt but that the appearance of an attack may be due to that most barbaric custom of telling blood-curdling ghost stories, and particularly from a nurse filling the mind of the child with the idea that goblins are standing ready at the gates to carry it away and subject it to the most inconceivable sorts of punishment if it does not go to sleep right away; as a consequence such children are frightened into sleep, but the impression made by the threat is still rankling in their unconscious thoughts and it starts up a mutiny in the otherwise well-regulated brain. Ghost stories are most pernicious at their best, and even when told to adults; but when told to nervous, irritable and easily excitable children, it is little less than manslaughter. The degree of suffering which such children endure when left alone or placed in a dark room is hardly conceivable.

Fortunately the occurrences do not lead to any more serious disorder and are quite amenable to ordinary domestic treatment. It is unnecessary to state that the cause for an attack should be sedulously looked for, and, when found, removed at once. Such

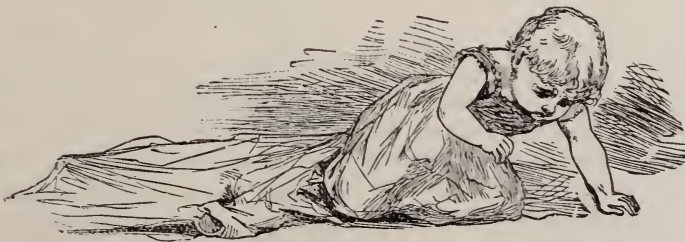
children should have a very light supper, from which meats must be absolutely excluded and likewise sweetmeats, for there can be but little doubt that these are often potent factors in causing an attack. If the child has been noticed to breathe through the mouth while sleeping, or if he snores, his tonsils should be examined and treated if enlarged or if he has symptoms of catarrh. In the same manner constipation, if it exists, should be overcome by the administration of a teaspoonful of rhubarb and soda mixture when the child goes to bed. If during or before an attack the child wets the bed, the nurse should be instructed to awaken him on the following nights and take him up in anticipation. Such a child should be given a cold sponge bath every morning the year through, followed by a thorough rubbing down with a crash towel until the skin is of a scarlet red all over; he should then be warmly but lightly clad and encouraged to get moderately tired by playing in the open air. If he has a tendency to take cold easily, this is the best indication that he is not assimilating sufficient fatty foods, and small doses of cod liver oil should be given after each meal. It is strange

how little objection children whose system calls for cod liver oil make to taking it. Many a child have we seen who has learned to call it "ice cream medicine," and to take it with avidity.

It has often been suggested that these children when they have an attack of night terrors be dipped into cold water to cause their terrors to end; but this cannot be recommended. They should, on the contrary, be soothed in every way possible, and an endeavor made to call into activity the higher parts of the brain, and so get completely aroused.

It is needless to say that, if the attacks are due to any condition of depraved health, such will need scrupulous attention from a physician; but attention to the diet and the hygiene of the sleeping apartment will prevent the recurrence in a large proportion of the cases. From the fact, as already stated, that these attacks are more apt to occur in patients who are nervous and irritable, measures should be taken to discipline their minds at the same time with their bodies and so restore the stability necessary to both.

We shall speak at some future time of some of the causes of wakefulness and dreams.



Nursery Problems.

Various Points of Nursery Regimen.

To the Editor of BABYHOOD:

(1) What fruits and vegetables are allowable for a child from the age of two to three years?

(2) If necessary to wean a child at the age of three or four months, would you advise using the bottle, or trying at once to feed from a spoon?

(3) Will you kindly tell me if letters reaching you on or before the first of any month are answered in the following month's number?

(4) Will you be kind enough to ask suggestions from mothers, through the "Parliament," as to what one may use in addition to the ordinary napkin for a child in first short clothes. I am using a square of Turkish toweling folded diagonally, and pinned loosely around the waist, while Baby is in long clothes, but am at a loss to know what to do when she is put into short clothes, as even the narrowest Turkish toweling comes 24 inches wide, and it would show under the short garments, I fear. Without something, I fear Baby's skirts and dresses would always be wet.

(5) At what age can a baby be taught to sleep all night, and how is this best accomplished? Is it advisable to let a baby cry long in the night to attain this end? My baby is four months old, goes to bed at 6 P. M. after nursing, and wakes at 10:30, 3 and 6 A. M. to nurse again. I would like to train her in the best way. She nurses at 9 and 12 A. M., 3 P. M. in the day, in addition to the other times mentioned.

(6) Can a baby be taught to take her bath and then go to her crib for a nap, without nursing immediately after her bath? My baby cries very hard if I am ever detained so that her nursing does not come just after the bath, and I should prefer to do the other way, if it can be accomplished without injury to the child.

(7) When should a mother start with regular hours for nursing, bath, ride, etc.,

and let nothing interfere? I find it well-nigh impossible with my baby, as some days she will sleep one hour after her bath, some two, some three, and once in a while as long as four hours. I am told it is not well to ever waken a baby, or in any way disturb its nap, as nature shows that sleep is the medicine it needs. I shall be very glad to be enlightened on this subject. Is it true that it ruins a child's disposition to awaken it from sleep?

(8) Should not a child's napkin be changed every time it is wet? My nurse told me not to do so, but it seems to me unreasonable.

R. T. A.

(1) Opinions differ as to details, some physicians being more liberal in giving fruits than others. But the following general suggestions will help you. It must be borne in mind that different children are very different in their ability to properly digest food; also that fruit which may be quite proper for most children may be not so for a child having a tendency to rheumatism, to certain skin diseases, and so on. And, further, that the freshness and good condition of fruits is of the greatest importance if they are to be used for children. So much being premised, we may say that most children over two years of age may have the juice and pulp of a carefully selected and really ripe orange. It is not the same thing to cover the tartness of an unripe orange with sugar; it only aggravates its faults from a digestive point of view. The seeds are, of course, to be very carefully removed, as well as all trace of the white fibrous structure. The best method of preparing an orange is to cut it cross-wise (not from end to end) in the

middle and carefully lift out the pulp with a spoon. The orange is the only winter fruit which we can recommend. The banana is decidedly objectionable for young children. Few children of the age of two to three years should have uncooked apple. But if there is a tendency to constipation, stewed and sweetened apple sauce, well freed from any traces of core and fibrous matter; stewed prunes (the pulp only), or the soft inside of figs may be given in moderate quantity. In our judgment they are desirable at that age only as laxatives and should be given as such rather than as food.

For summer fruits there is a larger choice—a large choice indeed if one can have very fresh fruit. At the head, we think, should be placed the thoroughly ripe and fresh peach. It is generally entirely unobjectionable and often desirable. Of melons, we think we could say nearly the same were it not that away from the melon patch a really good melon is a rarity. But when ripe, sweet and not in the least wilted, they are, we think, excellent. The pear is not so good, being accounted rather indigestible. The small stone fruits, cherries, plums, etc., must be used circumspectly and carefully prepared; and the same is true of the apricot, which generally has made too long a journey to be fit, uncooked, for children on this coast. Of berries we would not give at this early age any but the best strawberries and should bear in mind, in giving them, the frequent personal peculiarities which are noticed regarding this fruit.

(2) Generally, at that age, we should use a bottle, but after seven or eight months we should not. Perhaps

at six months, if a child had already learned to drink well from a spoon, we might prefer it.

(3) It is not always possible. A magazine of any circulation must go to press a good while in advance of its date of publication; the great monthly magazines, for instance, are printed two or three months in advance. But that is not all. BABYHOOD has said again and again that it will under no circumstances undertake to treat sick children. Its object is to teach mothers how to take care of their children according to the laws of hygiene and to give them sound general information regarding the ordinary ailments they may have to deal with. But it never in any case can practice medicine at long range. If it did so it would be guilty of the very thing it decries, the giving of irresponsible medical advice without proper knowledge of the case. It is not published to act as a free dispensary or to usurp the place of the physician; simply to help conscientious mothers to such knowledge as shall make them more judicious and efficient in the care of their children. Advice for emergencies should therefore not be expected. Nevertheless we print answers as soon as possible and frequently in less than a month after receiving the question.

(5) At almost any time, but we do not recommend it until after six months, and even then it is often better to nurse children at the mother's bedtime until they are considerably older. There is a wide difference in children, but while they are on the breast there is difficulty in telling whether their clamor is due to habit or really to the small amount of milk

that is gotten from the breast. Accurate weighing of a child before and after nursing will show the weight gained, which is, of course, the weight of the milk. But assuming a full supply of milk, the teaching the child to sleep at night is no harder before than after weaning.

(6) A child can, of course, be taught not to expect its meal immediately after its bath. There is no natural relation between the two but habit. It is merely a question which is the more trouble to you, to teach her or to go on as your are going.

(7) There is no sense in having a rule so fixed as to override everything, but regularity should have begun the day the baby was born. If a baby oversleeps from fatigue or illness, it should not be waked up just for a rule, but only a reasonable variation should be allowed. A baby that has slept a proper time can be gently and gradually wakened without startling it. To awaken a child suddenly is, of course, stupid and harmful, as any other fright would be; but any quiet person can usually gently awake a child by increasing the light, by moving around the room, by quiet talking, etc., so that the nap comes naturally to an end after a few minutes. Exceptions occur, of course, but the rule stands.

(8) Of course, every time it is wet; the napkin must not be left to dry on the child. But it is not usually necessary that it be done the moment it is wet. The child need not be disturbed in its sleep, for instance, if it be well covered, except in cases of such skin diseases as will not allow of a damp cloth being left for any time.

Use and Abuse of the Tricycle.

To the Editor of BABYHOOD:

(1) Please give me your opinion as to whether it is injurious to a boy of four or five to use one of the newest forms of three-wheeled velocipedes. It is light, kept well oiled, and runs very easily, but I am warned by a neighbor that her boy became bow-legged by means of one. The question in my mind is, Was it the use or abuse of it that caused the trouble?

(2) Further, would you approve, later, of his having a suitable-sized bicycle of the "safety" pattern? C.

(1) Concerning the producing of bow-legs we are skeptical, because we think that this effect would not result in a child old enough to use a tricycle unless he had a decided tendency thereto. We do not doubt that the parents found the child more or less bow-legged after he had used the machine, but think it probable that one familiar with such things would have seen the beginning of the distortion before he had the tricycle. But in any case we do not see how any well-constructed machine could cause bow-legs in a child who would not have become bow-legged by simply walking. By well-constructed in this connection we mean that the treadles shall be so placed that the ankles are as far apart as the knees, and that, in treadling, the legs (knee to ankle) shall rise and fall in parallel planes. We can conceive a machine with so thick a bar as to keep the knees wide apart and to bring the outside of the foot instead of the flat of the sole upon the treadle. Such a machine might aggravate a tendency to bow-legs in a predisposed child or even an adult.

(2) To our mind bicycle riding, like most other forms of amusement, is healthful or harmful according as

the performer knows or does not know how to properly use his instrument or machine. No judicious person answers the question, "Shall a boy have a gun?" by simply yes or no. If he is a responsible boy and properly instructed in its use, he will get pleasure, harming no one; if not, he is a terror to the neighborhood. So in a way we say of the bicycle: If a lad is taught to ride with a good seat, with true leg action, and, above all, with a straight (not necessarily vertical) spine and chest well expanded, he will get much good exercise and pleasure from the wheel. The exercise will be rather specialized, but not much more so than in ordinary walking, and, at the least, for two or city pent youth it gives access to fresher air and more elevating surroundings than he could otherwise get without greater leisure than falls to most of us. It puts many of the delights of saddle exercise within the reach of the poor man, not to mention the great celerity of locomotion. But if the boy is allowed to begin to ride in a slovenly manner, such as is daily seen in a large proportion of riders, with cramped legs, bowed back, contracted chest and head crouching over the handles, a damage will be done to the trunk that is poorly repaid by the development of loin and lower limb. We think that these caricature postures are no more the proper result of bicycle riding than are the bad manners of the disorderly type of wheelman who considers the highway all his own.

Bicycle riding is no more to be condemned because some riders are distorted by it than is horseback exercise to be advised against because of the

shambling gait and slouchy ways (partly affected perhaps) of the stable boy and his "horsy" imitators.

Relief for Swollen Gums.

To the Editor of BABYHOOD:

Will you please advise me what is good to rub on a child's gums when they become inflamed and swollen from teething?

E. L. S.

We have little faith in such applications as a rule. If there is any ulceration, the use of a saturated solution of boric acid may be useful to prevent further mischief and help to heal the irritated mucous membrane. Applications to diminish swelling which are safe to put into a child's mouth are usually of little value except so far as the mere doing something may comfort both mother and child for the moment.

Besides the keeping the mouth clean with the boric solution mentioned, let the child have plenty of moderately cool water. It soothes the heated mouth and quenches the thirst likely to be present. For real relief of pain and swelling nothing compares with the gum lancet at the proper time.

Gradual Weaning.

To the Editor of BABYHOOD:

My baby was born the first week in April. He has never been fed a bit from the table, as I have plenty of milk. He has never been sick, not even to throw up a mouthful of milk; weighs $22\frac{1}{2}$ pounds, and has seven teeth. Now, when will be the proper time to wean him if he continues to be well? Would it do any harm to feed him a little oatmeal? If I should be away past one feeding hour would it do to give him clear cow's milk, or what would be the proper food? Would a graham wafer occasionally do any harm?

MOTHER.

Weaning may begin at any time when natural food is insufficient. If there is plenty of milk, it is better to begin at such time after nine or ten months of age as shall enable you to gradually complete the process before hot weather begins, say, June 1.

At the age mentioned, if your cow's milk is of good quality, we would give about two-thirds milk and one-third oatmeal gruel. This will make a good mixture to give when you are absent. Give, in weaning, first, one meal of the made food per day in place of a nursing; then two meals, and so on, until the breast is given up. At the age spoken of there is no need to use a bottle. A cup and spoon is better. He should have about five meals in twenty-four hours, possibly six, say at 7 and 10 A. M., 1, 4 and 7 P. M. Probably he will take about eight ounces at a meal after he has learned to take food from a spoon. Give him no cracker or anything else solid until he has his four chewing teeth (molars), which will come after the eight front teeth (incisors) if he progresses in the usual way.

Circumcision.

To the Editor of BABYHOOD:

I write to you upon a very delicate matter, but one which I have been puzzling over for a long time, in fact ever since my first child was born. He is a boy, as is also my second. At the present time among intelligent people and physicians there seems to be much talk about circumcision. Many of my friends have had such an operation performed upon their boys. My questions have as yet not been at all satisfactorily answered. I write to you for help. If it is best it shall be done, but I dislike very much to interfere with nature's plan.

What is gained by such an operation? What is lost by it? Which is greater, the benefit or the harm?

I shall be glad to know your opinion upon this serious question, for my children are small now and this is the time it must be settled. They neither of them have any urinary weakness. W.

The question is much discussed, as you say. The editor's belief, after a good deal of experience, is this:

Nothing is gained unless there existed before the operation an abnormal degree of phimosis, or at least such a degree as to cause irritation locally or remotely. At birth a certain degree of phimosis is natural and is gradually overcome. If the foreskin can be sufficiently retracted to permit perfect cleansing of the parts, usually no interference is required. If it cannot be so cleansed, irritation may arise. Many cases of phimosis can be relieved without a cutting operation by forcibly retracting the foreskin, with or without an anæsthetic, as required, and cleansing the parts. Thereafter there is generally no difficulty in keeping them clean. If cleanliness cannot be secured, irritation, inflammation and bad habits may arise.

Some cases of phimosis cause real obstruction to the flow of urine, or bedwetting or other difficulties. These should certainly be operated upon. The others should be operated on if the manœuvre already mentioned cannot be made, or the subsequent cleansing is difficult. If the operation is called for, the removal of the trouble for which it is done is usually gained. Routine circumcision we do not believe in unless it be done as a religious observance. Practically, nothing is lost if the operation is well done.

Heating Food at Night.

To the Editor of BABYHOOD:

I have been using a certain food for the past month for my nine-months-old baby girl. It is very troublesome to prepare and boil the food two or three times in the night, over an alcohol lamp, and I have been wondering if any harm would ensue from preparing beforehand and merely warming it over when required. If it tastes perfectly sweet and good, why not? If you will give me your advice on the subject it would greatly oblige me. Perhaps I should mention that the baby has a tendency toward constipation. M.

It is always fair to any food one is using to use it exactly as directed. But if in making food it be boiled, it can safely be put into nursing bottles which have been *thoroughly* cleaned with hot water and alkali (borax, pearline, washing soda, or what not), and again rinsed in hot water. Cork tightly with rubber corks, cleansed in the same way. Such bottles keep sweet through one day easily. They can be best warmed by immersing the bottle in a vessel of warm water. After giving the meal rinse the bottle and fill with water, to prevent any food drying on, and in the morning cleanse thoroughly again before using. This plan may be as troublesome as that which you wish to avoid, but no plan is safe and at the same time easy.

Having answered your question, we may say one thing more. A baby of nine months, or even one of six, ought not to be fed "two or three times in the night." A child of nine months should have nothing between 10 or 11 P. M. (*i. e.*, before the mother remother retires) and early morning, say 5 or 6, when a baby wakes, as a rule. It is a rule generally accepted, as all readers of BABYHOOD know,

that after six months a child should not be fed (or nursed) during the hours of ordinary rest for the mother.

Condensed Replies.

L. F., Lewiston, Me.

The subject of dirt eating, although it has been a good deal written about, is quite obscure. Sometimes—and the desire of your little boy for lime gives some color to the supposition in his case—the inclination is supposed to depend upon a real need of the mineral constituents of food which are not supplied in the usual way. Sometimes, and probably oftener, it has been attributed to a neurosis (nervous disarrangement) of the stomach. Often it is only a temporary symptom, like the very common trick of anaemic school girls of eating slate pencils. In some countries and among some races it is a permanent habit, often hereditary and seemingly not injurious, certainly not markedly so. Occurring, however, in a young child who could not have been taught it, it should become fully investigated; that is to say, you should get the best medical man you know to carefully examine the child, to seek for causes of the morbid appetite and, if possible, to remove them.

D. N., Pontiac, Mich.

The skin of the newborn child should be respected and handled with tenderness. It should not be washed at once with soap and water, but anointed with oil or vaseline, and this be allowed to soak in, in order to soften all cakes of that cheesy matter upon its body with which the child comes into the world. After a few hours warm water and any good soap

may be used with gentleness to remove the now softened mass. If any adheres closely upon body or scalp, use no force in removing it, but soak it again with oil for a day longer and then repeat the washing. You will do no harm in waiting. When the crusts are removed by means of the water, dry the skin by patting it with a soft towel, smear over it a little oil or vaseline, and powder it with plain cornstarch so as to absorb all the moisture that may be left on the skin. Subsequent washing should be conducted with the same gentleness, and the powder should not be forgotten. While it may be necessary to bathe frequently the region of the privates and buttocks, it is not necessary to bathe the rest of the body more often than once a day.

F. W., Bristol, Vt.

The hair should be kept in order by brushing it with a soft brush and never be touched with a comb or put up in curl papers or any such thing. The fine-toothed comb should have no place in the baby's toilet case. The only use for such an instrument is for the removal of nits from the hair. Any other use of it upon the scalp is dangerous.

A. W., Nelsonville, O.

We assume that you cannot remove the child from the influence of the bad example. The trick is a most persistent one if established. In breaking it up we think we have had the best results from the mitten, and (when these are left off) from the close trimming of the nails so that they are not easily picked at; and further, in case of nail biting, the dipping

the finger tips into a very bitter solution, quinine for instance, which will usually disgust the child if the fingers are put into the mouth.

M. F., Litchfield, Conn.

The carrot, while a wholesome food for adults, disagrees easily with a delicate stomach, and we think that a young child is better without it.

D. R., Portage, Wis.

At the age of eighteen months, or until the end of the second year, there are in the long list offered by you no vegetables which we could admit except white baked potatoes and perhaps boiled rice. At the earlier age mentioned, if they are used at all, it should be with watchfulness to see if the additional amount of starchy food is well borne. Cereals of various kinds (including bread) are assumed to be already included in the dietary. At the expiration of the second year, or in the summer following that time, some further experiments may be tried.

P. S., New Bedford, Mass.

The immediate relief of an attack of colic is usually best brought about by hot mint teas to which a few drops of tincture of asafoetida—malodorous but efficient—may be added, and by dry heat applied to the abdomen.

E. J., Bristol, Pa.

There are evils accruing to both mother and child from unduly prolonging the period of lactation. The mother usually suffers from general debility, neuralgia, dyspepsia and all its many irksome symptoms. These symptoms may all be relieved by weaning and a due attention to the

conditions of the secreting organs. Tonics, such as iron, barks, fresh air, exercise and change to the seaside or mountains, etc., may be required. The infant also suffers when nursed too long; it becomes thin and flabby, irritable and restless, the movements become clay-colored or green, followed by colic and diarrhœa. The quantity of the milk is diminished, and the quality rendered defective; consequently the child is not satisfied and does not thrive until the milk supplied to it is equal to its requirements. Under these conditions recourse must be had to either a wet-nurse or the bottle.

A Babyhood Admirer, Jamaica Plain, Mass.

A child of five months, weighing but ten pounds, which "cries constantly," which "has had the 'snuffles' since her second week," besides other minor ailments, we do not think should be considered "quite healthy." We think rather that you should have more immediate advice from a medical man than we can give.

A. T., Spartanburg, S. C.

Dentition should not be regarded as a disease; it is a natural process, and where the child is healthy and regularly fed on suitable food and surrounded by favorable hygienic conditions, such as fresh air, baths, cleanliness, etc., the advent of the teeth is frequently not marked by any constitutional disturbances. When, on the other hand, in addition to improper food is added the irritation of dentition, very serious disturbances occur, such as diarrhœa, colic, convulsions, etc., and these untoward results

are often wrongly put down to dentition.

S. F., Richmond, Va.

As a rule, the weaning of a child should not be attempted until dentition is fairly established, that being the sign that Nature has prepared the child for the alteration of food. This is a safer guide than any arbitrary rule laid down as to when children should be weaned. Since the commencement of dentition varies much in different cases, each case must be judged on its merits, and the only safe course is to carefully follow the indications of Nature. Weaning should always be subordinate to dentition. As soon, however, as Nature provides the child with teeth and it can live an independent existence, it is better both for mother and child that it be weaned.

T., Chicago, Ill.

Your tale of your trials is vexatious. It would be amusing, as you tell it, if the health of a little child had not been at stake. You touch two troubles which we know to be real enough, scantness and indefiniteness of the physician's directions and the kindly meant but mischievous advice and help of friends. We do not know what article in *BABYHOOD* you allude to as saying or implying that most children's diseases are avoidable. But if that expression is taken just as you put it, it would seem to make a reflection upon the care or intelligence of mothers that is not fair. There are thousands of avoidable things which are practically beyond the control of the person most concerned. Take a crude example: A careful mother

sends her little girl to play on her own lawn. Her thoughtless neighbor, who perhaps holds the good old doctrine that "children would better have diseases and be done with them," sends her boy, who has the whooping cough, to play with the girl. The boy is of the robust kind and does not mind a paroxysm every half hour. The girl takes the disease, has consecutive pneumonia or pleurisy and impaired health for months. The disease was clearly avoidable, but the careful mother was in no way responsible for the mishap.

In the details of your own experiences we find similar conditions. You did your best, but outside influences were against you. The constipation and other derangements of the first child could have been mitigated, but you took the best advice you could get and it was inadequate. The "grippe" is an influence beyond anyone's control.

A. I., Hastings, Minn.

In a general way we may say that a healthy child, if he be not urged to walk and be not placed upon his feet by well-meaning but mischievous friends, will not walk too soon. By the time he has gained the skill to balance himself he will be strong enough. When we are asked whether a child only nine months old who already showed a great inclination to stand, should be allowed to do so, our answer is that a child of such an enterprising temper could be restrained only with very great difficulty. Therefore, if you felt certain that the child was in good health, you might let him

do as he pleased, but should not encourage him, a watchful eye being kept on him all the time, to see whether no danger resulted from the walking.

N., Lincoln, Neb.

It is very probable that the milk is deficient in quality or quantity, or both, and that supplementary feeding will be of assistance. With a child upwards of seven months old and in cool weather you probably will have little trouble as to digestion if you do not try to go too fast. If you think that the milk you can get is unwholesome it must not be used. If you mean only that it may be watered or be poor in cream, we would advise that you get the best you can, and in diluting it take into consideration its probable previous dilution. Good, honest milk would probably need about one part of water to two of milk to begin with. If the milkman has saved you this trouble you may not need to add water. Give it at blood heat. You can add oatmeal gruel in place of the water at once in view of the existing constipation. Very soon the child can probably take the milk less diluted, and after a few months, when its molars are through, take a little oatmeal porridge, not too thick, or crust of bread buttered. If your physician does not stop the suckling entirely, you will find it best to substitute feeding in place of suckling one or more times per day at first, and every two or three weeks increase the number of feedings, and in this way you will presently have safely weaned your baby.

Musical Education for Children.

I often have recalled a conversation which took place between my father and another musician. I was a mere child when the story was eagerly listened to, and though failing to grasp the principal idea, yet the impression was one to make me resolve that at all hazards, whatever else I might study, music should not be neglected, for it might enable me to do some wonderful thing. In substance this was the conversation referred to:

We were out driving and were passing a new and imposing building. "This is our new church, and we are quite proud of it—something a little out of the ordinary; rather unique, don't you think?" "Yes," was the reply; "who is the architect?" "Mr. Blank. Did you ever hear what music did for him?" "Why, no; what about it?" "Well, when this genius was a boy, he was considered only a subject fit for sympathy—'foolish,' you know. One day a gentleman was playing on a piano at the boy's house and he noticed that the boy seemed very much interested in the music. The mother tried to have him go out of the room, but the player was anxious to have him remain, and soon formed the conclusion, which was afterward proved to be correct, that music would awaken the child's mind."

The child had had a fine mind, but something had clouded it, and music, that instrument of divinity, had broken up the darkness and given the man to himself and to the world. A recent writer in this magazine has

testified to the power of music over a feeble mind with which she was laboring.

The home without an instrument of some kind, or where music is not heard, is the exception rather than the rule, and it seems to be as natural for children to like music as candy. But their taste is seldom cultivated in the right way. They are too often taught to perform for approbation instead of for their own development and pleasure and for the pleasure of others. The "soul for music" is not put into them. Enthusiasm, the "little god within," as the Greek expresses it, is lacking, and they grow up to participate in strife for precedence and reputation, which a true musician would never be guilty of.

A recent authoritative article concerning "The Voice and Ear in the Education of Children" says:

"While industrial culture in mechanical art and the natural sciences produces a strong intelligence and a solid character, we need something more to develop the generous, sympathetic, loving, religious and refined elements of character which elevate human life toward the heavenly plane, abolishing its inharmonies and miseries, and which at the same time give an expansion, a brilliancy and a richness to the intellect which nothing else can supply, and for the lack of which much of our literature is intolerably dry. It is an illustrative fact that in the Seguin School for feeble-minded children the chief reliance for their restoration was upon their kind,

loving sentiments. The mind is made clear by these and clouded by their opposite. . . . Sound acts upon the brain so as to assume the empire of all the feelings and impulses. Every tone of the voice, every note in music strikes upon some element of our feelings, and the happy combination of the notes produces an exhilaration of all our faculties." He makes a special plea for vocal culture, adding: "The character training and emotional culture of the vocal system will produce high and broad thinking, because it makes high and broad sentiments."

Some very wise and well-meaning parents reason that because a child has no special talent for music it is foolish to give it any musical education; but is it not rather a reason for more especial attention being given to that in which the child is deficient? Every student and book lover will testify to the comfort—yes, real comfort—which a book can give. But it is safe, I think, to say that this is not to be compared with what music can do for the heart and soul. There are times when "a friend between two covers" is utterly unable to alleviate a heart-ache, or soothe a sorrow, or give vent to a joy; but in music, whatever our mood, we may find expression and sympathy.

Many people perform surprisingly well who know nothing of the love of music, and often, it would seem, a child's musical training kills all his enthusiasm. Thoughtless parents and teachers compel children to practice scales and exercises which are not in the least musical until their little ears and bodies are both worn out. This

disagreeable practice must be performed, to be sure, but melody and talks about music should be liberally interspersed. Look out for that "little god within," who must be detained and fed at any cost or the means will defeat the end.

When a child is four or five a mother may begin with simple instruction, in kindergarten style, that will lay a good foundation for later effort and real work. The little ones delight in the arrangement of harmonious colors, and they will in harmonies of sound. Show them how certain combinations of notes sound pleasant to the ear, while others are clashing and disagreeable. Let the little chubby hands play one octave of the scale of C, and thus gain the use of tiny fingers, which, when larger, will prove more pliable for the early work. Call the children's attention to bird notes and all musical sounds in nature. Be especially careful to have them use their own voices with caution. We often hear a child's voice keyed up to a high pitch very trying to listen to and all for want of guidance in regard to its use. "A low, sweet voice, that excellent thing," is all too rare a thing.

When a child is old enough to have a teacher, always secure the best, for that is the time of all times that he needs the best. Prof. Matthews' "Twenty Lessons to a Beginner" may be found useful to a mother who does not understand music herself and who wishes to give her child some instruction.

Let us glance, in conclusion, at the evident advantages which musical training gives a child. Mental con-

centration is so much needed that when it is given to the study the reward is very apparent. Close and exact observation is as easily seen to be demanded and rewarded. Self-control and a keen power of discrimina-

tion, an acute sensitiveness to sound, the habit of close attention—all these things and many more any musician will testify to as accompanying the loving laborer in the field of harmony, vocal or instrumental. M. D.

The Mothers' Parliament.

Baby's Corner.

I wonder if my little corner closet, which is, so far as I know, an original idea, would not be a helpful suggestion to some crowded mother. When my first baby came my own big, bright room with its four south windows seemed the only nursery for her; but with the bed and the table, the dressing table, sewing machine and divan, the easy chairs and all the other things that made the room comfortable, how to dispose of the baby's belongings was a question. The drawers and closets were full of things that could not be banished to the third story. A chiffonier was out of the question, and the often suggested baby's hamper would have been stuffed full with four dozen napkins alone.

Necessity compelled invention. Into the one unoccupied corner between the hanging book shelves and the toilet closet I got a carpenter to fit two strong, smooth, triangular pine shelves, at an expense of 50 cents. The lower shelf was 19 inches from the floor and the upper 19 inches above that. The sides of the shelves next the walls are 22 inches long each. The front edge is curved.

The top shelf is smoothly covered with light blue sateen, under white scrim with large blue wafer spots on it, like my window, alcove and crib curtains. Curtains of the scrim lined with sateen hang straight down in front and across the curved front of the top shelf is a box-pleated frill of the scrim with a brass tack on each pleat. The scrim washes perfectly and can be taken off or put on in five minutes.

Concealed behind the curtain under the lower shelf is Baby's bath-tub, which just fits in, set diagonally. In it when she is out or asleep is the big pasteboard box which holds all the trash dear to her heart, as toys, and which on the floor makes the room look so untidy. On the shelf are three piles of different sized napkins, another of night-gowns, another of flannel skirts, and several flannel wrappers and other odds and ends. On the top shelf the ruffy basket, which holds her toilet articles, doesn't look at all amiss.

The whole thing took three yards of sateen, three of scrim, at 25 cents a yard, and a few tacks, and the cost was \$2. It makes, too, a pretty corner in the room. E. E.

Oblong Round Pillows.

I wonder how many of my dear sisters know of the convenience of the oblong pillow. I had never seen one until I went to India, where its utility at once appealed to my sense of the fitness of things. Before possessing such an article, often I would lay my Beta Baba (the Hindustani for boy baby) down on the bed very carefully, expecting the little fellow to lie as placed and have a fine nap. But no! Upon removing my hand he would immediately turn, getting himself in an uncomfortable position, and would soon awaken. While very young, when lying down he needed a substitute for mother's arm; when older, a protection to keep him from falling off the bed or against the sides of the crib, both of which were to be found in the "takiya."

I deem these simple little pillows invaluable for keeping Baby in place. For making them, cut of white muslin two circular pieces 2 inches in diameter, and a strip from 12 to 18 inches long and 10 broad. Fold one side to the other and sew in a seam, gathering one end upon the circular piece previously prepared. After filling this "sack" with feathers, cotton, or, better still, lamb's wool, gather the open end, whip it on to the other circular piece, and the pillow is complete.

The cases may be made plain or prettily trimmed with a ruffle of valenciennes or torchon lace around the circular end. A bow of ribbon at this end also adds to the effect. The other end must, of necessity, be left open and finished with a draw string to allow the putting in and taking out of the pillow. Many nurses make use of

two of these pillows, placing one in front, the other at the back of the "wee one." E. B. S.

Healthful Clothing.

Mothers, do you realize that you have under your guidance and protection the great-grandmothers of future generations? And do you appreciate what Oliver Wendell Holmes said, that in order to rear children properly, we should begin with their great grandmothers? That means that you are to begin now with your little ones to lay the foundation for the health and physique of generations hence.

What material will you choose? There are progressive mothers who have outgrown the barbarism of the old style baby clothes, with their tight bands, long, heavy dresses and longer skirts; mothers who recognize the propriety of clothing the little arms and shoulders and appreciate the fact that Baby's stomach is not a perpetual motion, needing replenishing at all hours of the day or night; but these very same mothers procure corset waists for their little girls and begin the process of shaping the form according to the ideal standard of beauty, which requires a small waist regardless of the price required to possess it. Innocent these mothers may be of a knowledge of the injury they are thus inflicting upon their darlings, but the wrong is none the less committed; not only against their own daughters, but against the great-grandmothers of the future and their children.

Mothers are conscientious and anx-

ious for the welfare of their children. They discuss methods of preparing food; they wish to build up a perfect body; but they teach their daughters, both by precept and by example, to ignore comfort, to disregard the sacred laws of health in obedience to fashion's demands, and at the same time are at a loss to understand why Claribel and Marguerite have no desire to run and romp with rugged Tom and Joe.

The Chinese mother shapes her child's feet, and we ridicule her for her crude ideas of beauty, and condemn her for her cruelty, forgetful that thousands of Christian mothers subscribe to more barbarous fashions and customs in our very midst. The little girl, five or six years old, seeing the dainty French heels on her older sisters, or even on her mother's shoes, begs for similar ones for herself. "No, dear," says mamma, "not until you are twelve or thirteen years old." As if it were not as important to wear a properly made shoe at this turning point in a young girl's life as in early childhood.

Much of the future progress of the world will depend literally upon the backbones of the great-grandmothers of future generations; we know not what their burdens may be, but we do know that the elimination of the high heel would render them far more capable of winning in life's race. May it come home to every mother, as she fashions the dainty garments for her loved little ones, that adornment is not the first object of dress.

P. K.

The Laundering of Flannels.

There has been so much controversy about the "best way" to wash flannel, and so many best ways have been published, that I doubt if any one will have patience to read another, but I beg you will not condemn my way without a hearing; it is such a simple and easy way that it will commend itself for a trial, and once tried, will be found to be *the very best way*.

Make a suds with *cold* water and any good washing soap. I prefer a white soap, but it is not necessary. A little borax or ammonia in the water is an improvement, especially if the water is not soft.

Put the flannels into the suds and leave them to soak at least one hour; two or three will do them no harm. Then squeeze them from this water and make another suds in the same, and squeeze them from that. Do not be afraid to rub soap into soiled places and to rub them between the hands if necessary. Then rinse them in cold water and wring out. When you hang them to dry, arrange them carefully on the line, so that the garments will dry in good shape, and as the water runs quickly from flannel, you will find the bottoms of the garments will soon be heavy with water, collected there, that can be squeezed out without taking them from the line, and the garments pulled in shape again. Then dry quickly, if in the air, and if pressed (on the wrong side) before quite dry they will look and feel as good as new.

I never put blueing into the water, as I prefer the creamy look to the

muddy white color which blue water gives. The *important* point is the cold water. Many advise hot water and add, "It must be always the same temperature." It is many times inconvenient to get hot water, and almost impossible to have every water just the same temperature. It is a scientific fact that hot water shrinks flannel, as can be readily seen by experiment. Flannels that have been badly shrunk by wrong methods of the laundry can be made much softer and better by allowing them to soak over night in cold water. In winter, when the water from the faucet is icy cold, enough warm water can be added to make it endurable for the hands, but beware of adding enough to make it tepid.

Many young mothers think that when a spot gets on Baby's best flannel skirt, it is ruined, and after it has been worn a few times, they put it into the wash, and the beautiful embroidery toiled over once so lovingly is perhaps ruined. But the spots can be cleaned in this way: Put the soiled spots over a bowl, and now you may use boiling water. Pour it *through* the flannel, and the spot will fade before your eyes "like the dew before the sun," only more quickly. When entirely clean wring the wet place in a dry towel and press while damp; the skirt will be clean and the slight difference in the color of the spot thus cleaned will not be noticeable, the embroidery remaining undisturbed. This can be done many times to the every-day skirts and save the trouble of washing until soiled at the bottom. I know all well regulated babies are not supposed to soil their skirts, but I give

the above for the benefit of those not well regulated or who sometimes meet with an accident.

Never put a hot iron onto anything that has been knitted or crocheted. The little knitted skirts or bands, if pulled out lengthwise when wet, and pinned to the line with toilette pins, will dry in just the shape you wish and look and cling like new. Washing them renews the wool—to press them takes away all the life of it. A thin knitted or crocheted shawl or blanket should be laid on the floor on a clean sheet and allowed to dry in exactly the shape and size you wish, or a little smaller perhaps, for it will soon stretch when used.

I have washed flannels of all kinds until worn out, without shrinking them in the least, and I trust this "best way" will prove helpful to many and save much nice flannel and embroidery from the bad effects of the hot water method.

G. D.

Making and Mending for the Little Folks.

Few mothers, in these days, are excusable for clothing their children in unsightly, ill-fitting garments because they do not know how to make better ones. Paper patterns may easily be obtained with directions so clear that the merest novice in dressmaking will have little difficulty in using them.

Nor is it necessary to buy a pattern for each garment. Sleeves are interchangeable, waists may be cut long or short from the same pattern and tucked or pleated or gathered to suit the fancy, so that a little experience will teach one to put the same pattern to very different uses.

From two cloak patterns and two apron patterns I have made nearly all my little girls' clothes for two years or more. They have served for dresses, guimpes, underwaists, jackets, wrappers and night-gowns, besides the garments for which they were intended.

Dark gingham dresses are more useful than beautiful perhaps, but at any rate they are indispensable for children who are much out of doors in the summertime. One easy way to make them daintier and more becoming is to cut out the neck as if to wear with a guimpe, only not so low, and cord or face it. Then take a worn-out or outgrown white dress, cut off the sleeves and the skirt and let it be worn underneath the gingham. It will not soil quickly and will make the dark dress much prettier.

Another way is to finish the neck with a gathered ruffle of wide embroidery or heavy lace; sometimes embroidery that has already served one garment may be utilized again in this manner. This will also be found a simple and pretty finish for large gingham aprons.

Knitted socks may be considered the exclusive property of the tiny baby, but for my little girls of three and four years I find them quite as necessary as ever. They are crocheted of bright Germantown wool and the soles are cut from an old, soft, gray felt hat. Soles cut from bits of thick fulled cloth are more durable, but not so pretty. Dainty lamb's wool soles may be obtained in children's sizes, but I never saw any which were wide enough for the chubby little feet that I have to provide for.

Some have asked me when the chil-

dren wear these socks, but mothers of more than one child will know how easily little feet become cold even in summertime while their owner is waiting for the other baby to be dressed or undressed and how impossible it is to keep them properly covered with blankets or bed-clothes at such times. My little girls also wear them with warm flannel wrappers while they listen to the stories which help to make their bed-time attractive.

Little drawers have a sad tendency to wear out along the seams. I have found the following an excellent way of extending their usefulness. Cut a bias strip of the material about an inch wide, turn down a narrow seam on each side and stitch the strip over the seam of the legs, on the outside of the garment, stitching it, of course, on both sides. If this is done when the seam first begins to show wear, it will preserve the drawers for a considerable time.

When the bands of the drawers become too short, instead of lengthening them by a string in the buttonhole, try this plan: Remove from the sides of the underwaist the two buttons on which the drawers are fastened, and replace them with four, two on each side, sewing them on quite close together. Then use the front ones for the front drawers band and the others for the back band.

Hand-knit stockings may be mended at the knees in a very satisfactory manner by knitting on a patch. To do this, take up on a knitting needle a row of stitches a half inch or more below the hole and as much wider, but without cutting or raveling the stockings. Knit these stitches off in the

ordinary manner, back and forth, using two needles, purling (seaming) every alternate row, till the patch is large enough to cover the hole or to the top of the stocking if you like. Then bind off the work, and with a needle and thread fell down the sides of the patch, being careful to fasten corresponding stitches over each other. This is quickly done, is much more durable than a darn, and looks better; indeed, after being worn a little while it is hard to tell where the patch begins.

Cleaning comes under the head neither of mending nor of making, and yet it is so closely related that I may be allowed to describe a simple and perfect method of cleaning children's Angora furs. Take two or three quarts of wheat flour and heat it in a kettle over the stove till you can hardly bear your hand in it, stirring it all the time to prevent scorching. Then pour it into a clean tin pail or earthen jar and immerse in it the furs to be cleaned. Rub the hot flour well into the fur and then leave it till cold, being sure that the fur is well covered with the flour. When cold take the fur out of doors—in a strong wind, if the weather will favor you so far—and beat it till the flour is all shaken out. You will be surprised to see how clean and bright the fur will be, though if very badly soiled a second treatment may be necessary. I was told to use rye flour or white corn meal, but I could procure neither, and obtained excellent results from ordinary wheat flour. I also cleaned my little girls' white Angora hoods in the same manner with perfect success, and think it would be an excellent method

of cleaning babies' knitted and crocheted sacks and similar articles.

B. G. D.

Serviceable Bibs.

A friend, more kind than practical, having given the babies some dainty little linen bibs embroidered in outline stitch, it became a question with me how to render them serviceable, as, for very young children, such articles are not. They afford scarcely any protection for the dress when food is of a liquid nature.

I happened to have on hand a dozen teething bibs of Turkish toweling, and it occurred to me to combine the two—sew the Turkish one to the linen at the neck, leaving the lower part of the latter hanging loose.

This scheme answered admirably, furnishing thorough protection where it was most needed, beneath the chin. They are not the less ornamental because useful, as the under one does not show. It is almost no trouble to launder them, and baby can have a fresh one at each meal if necessary, though I believe in training children at as early an age as possible to habits of neatness in eating as well as in other directions.

W. A.

An Experience With Potatoes.

To the Editor of *BABYHOOD*:

In the February number of *BABYHOOD*, I have just been reading a reply to an inquiry about the use of potatoes for a child of two. The advice given is perfectly consistent with your usual advice on the subject of potatoes for young children. I wonder whether it will be out of place in *BABYHOOD* to

give my own experience—English experience it happens to be. Both of my children have been able to eat potatoes without difficulty, but my experience with the younger one is what I wish to relate. It happened that, when she was nine months old I had a bad, feverish cold, and had to consult our doctor about myself. It is customary to commence weaning earlier here, I believe, than in America, and to allow sago and milk, rice and milk, etc., once or twice a day as early as ten months if the teeth are not unduly delayed. This I had done with my elder child, though with some surprise, and I had found that it answered perfectly from ten months. I had intended to try the same plan with the younger one, but the doctor strongly recommended beginning to wean her (one meal a week or fortnight) at nine months and trying for the first meal potatoes baked well and mixed with gravy or milk. You can conceive my surprise at this revolutionary advice, for such it seemed to me from my reading of *BABYHOOD*. I couldn't help thinking him not well informed in this respect; but as I had confidence in him in other ways, I tried his plan tentatively, watching carefully, and to my further surprise the baby thoroughly enjoyed her meals of potato, hadn't a single trace of discomfort or trouble, and gained weight in a perfectly normal and healthy manner. This led me to inquire further from a sister-in-law who was completing her medical course, and I found that the potato is being recommended for young children, as young as mine was, in one of the best children's hospitals in England, and my own experience is in line

with the experience of others. She said that it was recommended with care, and the babies watched, and that the advice was not given indiscriminately.

I wish to put the case as clearly as possible. My children have both been healthy and digestion has never caused any difficulty. The younger one has practically never had a nap in the house, and in this milder climate we live always with a window partly open even in frosty weather, and at night generally have windows open on three sides of the bedroom. I think, however, that they are not so unusually healthy that their experience with potatoes may not be the experience of other children. S. B. C.

The Postman as a Nursery Aid.

I believe there is a certain age when children are more fascinated by the arrival of the postman than by almost anything else. When my little boy reached this age, he watched so anxiously for the man in gray, that he might run for the letters and bring them to mamma, that a happy thought struck me for his amusement.

I wrote a letter to him, describing some simple and interesting incident, which he could fully understand and appreciate, and sent it to him through the mail. When the letter came, he was told that it was for him, and allowed to open it himself with mamma's letter-opener, after which it was read to him. The happy face fully repaid me for my trouble, and the letter was read and re-read with the same delight. The charm was not only in the receiving, the opening and the reading, but

served to occupy him for an hour or two in various plays of his own devising.

I repeated this little plan later on with the same pleasant results, particularly on rainy days, or when some illness kept the little fellow from enjoying out-door sports. E. W. P.

Shall the Babies Wear Bibs?

After reading a recent *BABYHOOD*, I felt as though I would like to tell of my belief in regard to children's bibs and table trays. There was a suggestion in that issue which I think is very good for those mothers who are overburdened with work and care and must necessarily limit the amount of washing. I refer to the oilcloth bibs and pieces under their plates. I intended to get them for my little boy, but was prevented by being unable to find plain white oilcloth, so I purchased a tray instead. He used it for a few months, when I began to feel that it was something of a license for carelessness and took it away, placing a clean, white tray cloth or napkin under his plate. I believe the practice of putting a bib on a child and giving him unrestrained freedom to soil it, is damaging to the child's cleaner tendencies.

A better object lesson in neatness at the table cannot be given the child than to place a clean, white napkin under his plate. My little boy, now two and a half years old, already evinces pride in his place at the table and feels bad when by accident he soils it. I believe the influence of a snow-white tablecloth and a neat place at the table makes an impression on

the child that will follow him through life.
J. E. A.

To Guard the Tablecloth from Unexpected Raids.

I have received so many good hints from the many writers for your most excellent magazine that I would like to tell of an invention of mine for keeping the table spread from being pulled off, with all the books, etc., by my baby, who is learning to walk, and who catches hold of anything in his reach that he thinks will assist him. I took four strips of cotton cloth, about an inch wide and an inch longer than the table, two to go one way and two another, and I pinned them to the tablecloth, from the under side, with small safety pins, about eight inches from the edge of the table. It has never been pulled off since I fixed it.

BABYHOOD is such a household word that my boy, eight years old, said to me, "Mamma, tell it to *BABYHOOD*." N.

Diagnosis of Rheumatism in Children.

Dr. C. G. Kerley has considered this subject. He said that the age of the patient was a factor of little importance. In children under fifteen months the disease was of the rarest occurrence. The majority of cases occurred in children between the fifth and tenth years of life. Points which might throw light on a case were a family history of rheumatism, a personal history of previous attacks of rheumatism, a history of frequent angina, of frequent so-called colds, a history of chorea, of frequent attacks of asthmatic bronchitis, of re-

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current attacks of protracted vomiting, the evidence of former cardiac involvement. Many cases were overlooked because of a too narrow conception of the disease. Scurvy was frequently confused with rheumatism. This was a disease of infancy rarely seen after this age. An attack of rheumatism at this early age was a curiosity. In scurvy there was no elevation of temperature, while there was a tendency to involvement of the gums. Uncooked milk and orange juice would soon establish the diagnosis. During the early months of life, joint involvement with pain and local heat and redness with constitutional disturbance almost invariably meant acute epiphysitis or arthritis due to gonococcus or other infection. Muscular rheumatism in older children might have to be differentiated from muscular fatigue caused by excessive exercise. In muscular rheumatism the pain was more pronounced at about the same time each day, and worse when the weather was cold and damp. It had been his observation in a great many instances that the first diagnosis of flat foot, of spine and of joint disease, and of bone disease in general, was usually that of rheumatism. This was largely due to lack of thoroughness in examination, and not to the absence of sufficient differential signs. Joint involvement of a rheumatic character in older children showed temperature and localized signs characteristic in themselves, differing widely from those produced by other diseased states. Endocarditis occurred in the majority of cases of acute articular rheumatism. This was one of the manifestations of the disease, and not



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a complication. In an obscure case it might be of decided diagnostic value, and it might be the only actual evidence of rheumatism present at that time in the patient.

The Treatment of Neurasthenia.

The first and most obvious indication, according to G. Rankin, is the enforcement of rest, preferably away from the patient's relatives and usual home surroundings. Absolute rest may give place after a while to a drive or walking. Light literature may be allowed, or the pursuit of any simple hobby or pastime. The muscular system should be improved by massage and faradism. Much depends on the daily visit of the medical attendant. An antiseptic mouth wash should be

given, and any error in digestion remedied. The bowels must be regularly evacuated, while the diet must be carefully adjusted to the patient's digestive power; at first it may consist of milk foods, thin soups, fish, fowl, and game. Red meat should be given only once daily, tea should be avoided, all vegetables and fruit should be cooked, bread stale or toasted, fats in abundance, and at least a quart of milk daily. Cod-liver oil may be added to the daily dietary, beginning with very small doses. Stout, Burgundy, or claret may be used with luncheon. For insomnia we may give coal tar products, or even small hypodermics of morphine. If anemic, the patient should receive iron; but it is useless to begin it until the digestion is regulated. If the iron disagrees, we may give some form of manganese, phenacetin with caffeine for headaches, the Paquelin cautery for special tenderness, bicarbonate lavage for gastric cleansing, and a change of surroundings for a few weeks before resuming work, all serve as adjuncts. A most careful hygiene and regularity of living must follow. A fixed portion of the day should be spent in the open air, while every slight ailment calls for immediate attention, so that the risk of incurring nervous exhaustion may be reduced to a minimum.

Caramel Apples.

Take six large tart apples, one cup brown sugar, one-fourth cup cream, one large tablespoonful butter, one cup chopped English or pecan nuts, one cup granulated sugar, one cup water, one cup cream, whipped, one tablespoonful granulated gelatine.

Make a syrup of the granulated sugar and water. Peel and core the apples and cook them slowly until tender, in the syrup. Turn them often

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and take care to keep them whole. When done remove the syrup and add the gelatine to the syrup. Place the brown sugar, cream and butter in a saucepan and cook to the firm ball stage. Then add the nuts. Place the prepared apples in a dish and fill the centres and cover the top with the caramel nut mixture. Then pour the syrup around them and set on ice to chill. When ready to serve, cover with whipped cream.

Peach Pie Custard.

Line a deep pie tin with plain paste and bake. Pare and quarter four ripe peaches. Put one and one-half cups of milk in a double boiler and when it is scalding hot add two well beaten egg yolks. Put with them four tablespoonfuls of sugar and a pinch of salt. Stir constantly until it thickens, but do not boil. Take from the fire, add

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Kreepletts—Black and Golden Brown.... 1.00

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slow oven to yellow slightly. Serve very cold.

An old number of *Good Housekeeping* furnishes this recipe for a delicious orange Washington pie. It has been tested and found extremely good:

"Cream together half a cup of butter and one cup of powdered sugar, adding when very light the grated rind and juice of one orange and one well beaten egg; then stir in alternating half a cup of milk and a heaping cup of flour sifted with a scant teaspoon of baking powder. Bake in two layer cake pans in a quick oven for fifteen minutes. For the filling heat a small cup of cream, add a tablespoon of gelatine that has been soaked in a tablespoon of cold water for five minutes, stir until the gelatine is dissolved, sweeten with a dessertspoon of sugar, and flavor with the juice of one orange; strain this into a bowl placed in ice water, and whip with a Dover egg-beater to a froth, adding when quite stiff a cup of whipped cream and a half cup of finely chopped hickory nuts; spread this between the layers, heaping in a small pyramid on top, and serve immediately, resting on a lace paper doily; this same dessert is excellent baked in tiny individual pans, and forms a very ornamental course for a formal luncheon."

Water and the Death Rate.

one-half teaspoonful of butter and a teaspoonful of vanilla and stir thoroughly. Spread the fruit in a pie shell, pour custard over and cover with a meringue made of the whites of three eggs and two tablespoonfuls of sugar, spread roughly and set in a

Cheering statistics about pure water and freedom from disease have just come from France. These facts should be specially encouraging to Philadelphia, which at great expense is leading all American cities in the way of filtering its entire supply of water. Per-

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haps the most interesting thing contained in an elaborate French treatise on the supply of water is the fact that pure water drives away other diseases as well as typhoid. Twelve cities are enumerated to prove this. Periods of five years before and after the pure water was introduced are taken. It is shown that the average death rate from typhoid fever decreased 69 in every 100,000 persons, leaving an annual death rate from that disease of only twenty in the same number of inhabitants. But the death rate from other diseases fell 410 in every 100,000 persons. The inevitable conclusion is that foul water causes many deadly ills besides typhoid, which has been the particular foe aimed at in Philadelphia. This should doubly reconcile the people to the expenditure of a score or more millions in building plants to filter the two rivers which supply this city.—*Philadelphia Press.*

Peppermints.

Put half a cup of water and a cup and a half of sugar into the pan and stir constantly until the sugar is dis-

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solved. Cook ten minutes. Beat until the mixture begins to thicken, then add six drops oil of peppermint. Drop from the tip of the spoon on to buttered paper and set away to cool and harden. If the mixture gets too stiff to drop, add a few drops of water.

Peanut Candy.

Have ready one cupful peanuts shelled and chopped. Be sure you are rid of all the brown skins. Put one cup white sugar in a hot iron frying pan and stir and stir until it is dissolved. Add the peanuts and turn immediately on to a buttered tin. As it cools cut into squares.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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JOHN W. TURLEY, M.D.
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I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

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The preparation made by Liebig, when added to cow's milk, not only made the milk easily digestible, but made a mixture that was more nearly like mother's milk, in every way, than any other method that has yet been devised.

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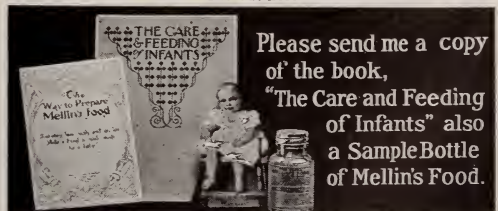
It is good and it is pure.

We need not tell you of the countless thousands of healthy babies that have been raised on Mellin's Food, nor of the many thousands of mothers who endorse it, nor of the host of physicians, who prescribe it for their patients. You have heard of this before, but if we have convinced you in these few words, that Mellin's Food is a good food for the baby; a scientific food for the baby; a practical food for the baby; then cut out the little coupon below; write your name and address, and send it to us and we will send you, FREE, a Sample Bottle of Mellin's Food and a beautiful book, "The Care and Feeding of Infants," which you will not only be glad to own, but which will be of the greatest help to you in feeding your baby.

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The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
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THE CONTEMPORARY PUBLISHING CO., 5 BEEKMAN ST., NEW YORK.

Dyspepsia.

Robert Hutchison declares that the only satisfactory classification of the diseases of the stomach or any other organ must be either anatomical or physiological. The positive functions of the stomach are secretion and movement; its negative function is not to feel, that is, insensibility. The secretory functions of the stomach can be investigated by means of a test meal and the stomach tube. The tube is also useful in studying the motor functions of the stomach. For the presence of food in the stomach when this organ ought to be empty indicates impaired motility. Percussion and auscultatory percussion with or without preliminary inflation, will aid the physician to gain a fair idea of the condition of the motor function. Any increase in size of the stomach is the result of interference with its motor power. In order to test for "atony" a dose of 75 grains of tartaric acid followed by 120 grains of bicarbonate of sodium is given. If the vertical diameter increases by more than 4 c.m. some degree of atony exists. As to the third function, it must be remembered that the stomach is normally insensitive to all ordinary degrees of stimulation. If when there is no lesion of the mucous membrane any real pain is felt during digestion this must be taken as evidence of increased sensibility. In speaking of the treatment of dyspepsia the writer mentions four methods. General measures such as rest, exercise, massage, hydrotherapy, and electricity may be indicated. Cases in which the function of the stomach is disturbed are much affected by nervous influences. Mental and physical rest are most important in such instances. Many times a dyspeptic patient is relieved at once of

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The Palmer Company, Publishers**50 Bromfield Street, Room B, Boston, Mass.**

most of his complaints by rest in bed. Exercise is far less useful than rest, riding being probably the best of all forms of exercise. Walking, especially in a mountainous country, and golf are very helpful. Especially abdominal massage is of great aid.

Campaign for Pure Milk.

The Chicago Woman's Club has taken the initiative in a campaign for pure milk. It is contended that the milk is not pure when it leaves the farms, owing to the unsanitary conditions of many of the country dairies. The women's clubs of Cook County have been called upon to subscribe \$1,500 annually to pay the salary of a competent inspector of milk.

The Restriction of Contagious Diseases in Cities.

Charles V. Chapin states that during the last twenty-five years health officials have been striving to make more and more stringent the measures adopted by them to prevent the spread of infection. This has been done in the belief that it is possible to control all infected persons. Evidence is presented that this is entirely impracticable. The most important discovery of modern epidemiology is that the principal mode of extension of infection is by means of well persons who are the bearers of the germs of disease. These unrecognized sources of infection we can never hope to control, and hence we can never hope to stamp out these diseases by isolation and disinfection, but only somewhat reduce their prevalence. This can be done by milder measures than those now in vogue. The specific measures to be adopted in different diseases are then discussed.

A Dressing for Discharging Wounds.

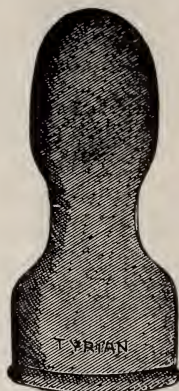
For wounds that are septic or have an offensive discharge Joseph Mullen advises dropping twenty drops of 40 per cent. solution of formaldehyde on the dressing three times a day. The effect on the wound is excellent, the dressing does not require such frequent renewal, and the odor of the discharges is eliminated.—*Medical Recorder*.

A Floating Eye-Hospital.

The congregation of the North United Presbyterian Church in Philadelphia has decided to place a hospital boat on the Sobat River, a tributary of the Nile, 289 miles long, in the Egyptian Soudan, for the purpose of giving medical aid to natives along the shores

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of the river who suffer from trachoma. Dr. Hugh R. Magill will have charge of the boat. It is intended to make two trips a month from the mouth to the source of the Sobat. The boat will be named in honor of James A. Elliott, founder of the North Church, who died two years ago.

Chocolate Fudge.

Mix four cups brown sugar with three-quarters of a cup of milk. Add two tablespoonfuls of butter, stir until it boils, then add three ounces unsweetened chocolate and cook until it begins to thicken. Remove from the fire and beat until the mixture is creamy. Pour into a buttered shallow pan, and when nearly cold mark into squares. Two cups of English walnut meats may be added just as the fudge is taken from the fire. The nuts should be broken, not chopped.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
Pres., 140 Nassau St.

BARUCH KAUFMANN,
Vice Pres., 2 Stone St.

FRANCIS D. POLLAK,
Sec'y and Treas., 49 Wall St.

VOL. XXIV.

MAY, 1908.

No. 282.

Nursery Problems.

Irregularity in Sleep.

To the Editor of BABYHOOD:

My baby boy of seven months is very troublesome regarding sleep. Through the day he scarcely sleeps at all, he will sometimes drop asleep when nursing, but when he is laid down, no matter how carefully, he will wake up. That would not be so bad, if he would sleep when evening (say seven o'clock) comes, but it is the same way then. When he is undressed and nursed, I can sometimes put him in bed, but in a little while he wakes and cries. When taken up and held in my arms, he will sleep, but as soon as laid down he will wake. He is not a cross baby, being healthy and fat; weighs twenty-five pounds, and has had the two lower incisors three weeks.

He has never had anything but breast milk so far. I have been advised to give him a meal of artificial food at night for the sake of my own health, I being very low-spirited, but I cannot get him to take the bottle. Would it be advisable to wean him before the summer comes, or shall I have to nurse him through the hot weather, it being his second summer? My other baby now four years old, I weaned at twelve months, but that was in October. I shall be very glad of your advice, for I think highly of BABYHOOD.

A NEW SUBSCRIBER.

It is not possible to say offhand what

is the cause of your baby's restlessness. The fact that he sleeps when held, but not when laid down, suggests the probability that when younger he acquired, as is very often the case, the habit of being "put to sleep" in arms. Not infrequently in such cases the result is as you describe. There may be additional causes of wakefulness, some discomfort from cutting teeth, or something else, but an opinion regarding it would be mere guessing on our part without seeing the case.

You would better wean the child before the hot weather—i. e., before June—rather than attempt to carry him through the summer on the breast.

Weaning Before Hot Weather.

To the Editor of BABYHOOD:

Our baby was born in August of last year. At six months old she weighed 24½ pounds. I have nursed her from the first, and at no time have I been so that I could not give her all she wanted. As yet she has no teeth, but they have been bothering her considerably for the last few weeks. I wish to wean her as soon as possible between

now and July, and would ask your advice in the matter.

(1) Which of the spring months is the best in which to wean a baby?

(2) Considering the fact of her being weaned so young, should I not begin to feed her soft foods, which I can prepare for her at meal times?

(3) If it is your opinion that I should feed her, will you please say what is the best food to begin with?

She sits at the table with us at all meals and seems anxious for things to eat. I have given her tastes of several different things (cracker in weak tea, bread softened with gravies from meats) which seem to agree with her.

T. W. M.

(1) The child should be weaned before hot weather, which may be expected any time after June 1st. It is well to begin weaning four to six weeks before you expect to complete it, in order that the process may be gradual. Begin, therefore, by the 1st of May. It is always best to avoid weaning, if possible, at the actual time of the coming of teeth.

(2) She should not have any food, we think, until after the hot weather, say, October 1st, except milk, gruels and broths. You might as well teach her to eat from a spoon and from a cup, and not use the bottle at all. She should have no solid food whatever (no cracker, bread and such things) until she has chewing teeth. The gravy (meaning the blood gravy of meat, not "made" gravy) she can have fed to her with a spoon. Give no "tastes" whatever, unless you want a sick baby next summer. It is far better to give her her meals before you take yours, and not allow her at the table with you until she is two and a half or three years old. Sitting at table with the parents, if a child be allowed

to get anything whatever there, is a fruitful source of stomach and bowel troubles.

(3) If you begin to wean by the first of May, she can probably digest a mixture of 2 parts top milk and 1 part barley-water. She may gradually take a larger proportion of milk, but do not hurry her.

Winter and Summer Underwear.

To the Editor of BABYHOOD:

My baby, three months old, has always worn little silk shirts. During the recent very cold weather I had to put on worsted sacques. Now, of course, I am afraid to take them off. Would you advise me to get light-weight merino shirts, or put on thinner sacques, as the weather grows warmer, and thus let her wear her silk shirts all summer. A RECENT SUBSCRIBER.

Your plan is a good one, but do not take off any thing until warmer weather has "come to stay." There is greater danger in taking off things than in not having put them on.

Unsatisfactory Sterilization.

To the Editor of BABYHOOD:

(1) Will you please give me a plan of diet for my eight-months-old girl? At present she is taking only sterilized milk. She has no teeth.

(2) During the last month or six weeks I was much bothered by the milk turning sour before twenty-four hours. I was much puzzled, as I attend to the food myself, and everything is kept scrupulously clean. I have been in the habit of boiling the water before adding it to the milk, and throwing in the salt and sugar while it was boiling. Since I have added the salt to the milk and boiled the water plain I have had no sour bottles. Was the salted water a possible cause?

(3) I should also like to know if, when barley water is added before sterilizing, the mixture would be apt to turn sour. I used

it so for a few weeks, and frequently the barley seemed to separate from the milk and form a solid mass. I might explain that I first made the barley water from Robinson's prepared barley, added it to the milk, and then sterilized it.

Baby weighed 10 pounds at fifteen days, and has increased slowly, weighing now but 17 pounds. However, she seems to have taken a sudden start this week. She is always jolly and rosy, but does not sleep well.

C. L. J.

(1) The diet should be milk, still diluted for the present; the dilution diminishing perhaps as time goes on. We notice that you do not give the proportions of milk and barley water you are using now. The baby will be a year old in the summer; thus far she has no teeth. You could not safely make such change in the way of variety in the food during the hot weather, so we think the present dietary should continue until after the summer heats. In case of trouble with your milk supply, good condensed milk, or an artificial food which your physician considers best adapted to your child's digestion may be tried.

(2) Possibly, but it does not seem a probable cause.

(3) Not if it was well sterilized. We do not understand why you had so much trouble. The separation of the barley may have been due to its being too thick a gruel, but our belief is that the explanation should be sought in some peculiarity of the milk or in the care of the bottles after sterilizing. Were they perfectly stoppered? Barley water made sterile by the boiling in the making, added to sterilized milk in clean vessels, well stoppered, ought to remain sterile for more than twenty-four hours, even if not kept on ice.

Unsettled Habits of Sleep.

To the Editor of BABYHOOD:

(1) My baby had been trained from birth in right habits, and yet in two months refused to sleep more than half an hour at a time. He had no cradle which would rock (there wasn't such a thing in the house), but I was at last driven sometimes to fixing up a bed in a rocking chair; then if he seemed inclined to wake, a little rocking would send him off to sleep. Why would it not have been better to have had a cradle and when he became restless have rocked him a little?

(2) He was troubled a great deal with eczema on his face and head. Can you give some hints on how to quiet to sleep such a poor little sufferer?

(3) I have my baby now so he will go quietly to sleep at night, but this was not accomplished after two or three nights, as many say, but after persistent work for some time. He sleeps from 6 p. m. till 5 or 6 a. m., without waking. He has a nap about 10 a. m., but after sleeping about an hour he wakes, but by being held and rocked he will sometimes sleep another hour. Does he need this hour's sleep? He is seventeen months old.

(4) Another point: Does not teething affect sleep?

L. O. T.

(1) Suppose the case to be that of an adult; you know the enormous range of causes that may prevent sleep short of a condition which would ordinarily be called illness. For instance, the mere effect of change of place, a strange room or such trifle, keeps some persons awake. Too cold or too warm a room, too little or too much covering, cold feet especially, tea, coffee, stimulants, close air, the inhalation of tobacco-laden air (to those unaccustomed to it), an empty stomach or a too full one—any one of these things and scores of others, independent of mental worry, may make a person wakeful without his

being conscious of a single uncomfortable sensation. A step further brings us to a group of causes which are not painful, only uncomfortable, such as too high or too low a pillow changing the rate of blood flow to the head or putting the neck at an angle slightly unusual, a tickling or slight itching, constipation, a little flatulent distention of the bowels and many others.

Now, to go no further, how many of these things may affect the sleep of a sensitive infant, and how few of them can the physician discover unless he has the opportunity of watching that child in its sleep or in its place of sleeping. These remarks will give you a hint of the many things that are to be looked to if a child is wakeful. To answer your specific question, we are not sure that rocking would have been best in the first place. Rocking may become a necessity by habit. If a child not accustomed to rocking seems suddenly to need it, we assume that it has some unusual discomfort, or that its brain is unusually full of blood. It would seem wiser to seek the cause and resort to the rocking only in case of failure. It is at least probable that in this particular case the wakefulness was due to skin irritation. You do not precisely say whether the eczema and the wakefulness appeared at the same time, but in any event an irritability of the skin often exists before eczema is actually recognized. So, too, some of the digestive troubles, often co-existing with the eczematous tendency may have troubled the child.

(2) The relief of the wakefulness

is, of course, best accomplished by relieving the itching. All the soothing local treatment which is directed to the cure of the disease helps, and it is, in our judgment, quite proper to use (under specific medical direction, of course) sleep-producing drugs, if necessary. The details of the treatment of eczema we cannot now take up. There are in our back numbers several articles to which you can refer.

(3) Perhaps not absolutely, but if you can spare the time to start him on his second hour, we think that he will be the gainer for it.

(4) Very much, indeed, in many cases.

Short Clothes; Aching Gums.

To the Editor of BABYHOOD:

I am only a new subscriber of your valuable journal, but have learned something of its merits. I write to ask for a little information.

(1) What is the length from neck to foot of the shirt of baby's first short clothes?

(2) How soon, that is, at what age, may I take off my boy baby's flannel bands and put on the knitted ones?

(3) My baby is only two months and a half old, but his gums seem to worry him. What is the cause? It cannot be his teeth, can it? And what can I do to relieve him?

W. R. C.

(1) That must vary with the size of the child. The short skirt is of such a length that if the child were standing the skirt would not quite touch the floor. Of course, he will not be standing for some time, and if you have to make them, or have them made, you must allow for his growth. Those sold in the shops, ready made, are 22 and 23 inches,

from neck to bottom in front. The longer ones are not too long, we think, as a rule.

(2) When you please. To our mind, after the navel is healed, the only object of the binder is its warmth. If the knitted band is as warm as the other, and is comfortable to the skin, it is as good.

(3) It may easily be the irritation of the teeth that makes his gums worry him. We have often seen teeth in children's mouths at four months, sometimes earlier, while we put the average appearance of the first teeth in the seventh month, *i. e.*, before the child is seven months old. This average is reached by putting early and late cases together.

Height and Weight.

To the Editor of BABYHOOD:

Will you kindly inform me through your next number of the average weight and height for a healthy boy five years and a half old?

MOTHER.

Probably the figures would vary slightly in different places. The following are from Boston school children between the age of five and six years: Boys, 41.56 inches and 41 pounds; girls, about $\frac{1}{4}$ inch shorter and $1\frac{1}{4}$ pounds lighter.

Faulty Growth of Hair.

To the Editor of BABYHOOD:

My little girl is three years old. The second year her nutrition was defective for some unknown reason, but she has entirely recovered, with no apparent ill effects. Her hair was soft and curly, but of late has become very dry, straight and very thin. Would you approve of shaving the head of so young a child, or would it be better to keep it short for some years? Opinions

seem to vary so much about the advisability of cutting hair that I should be greatly obliged for your advice. W. I.

The hair may now be showing the effects of past ill health, but it is best to make sure that no disease of the scalp exists. Aside from this condition we should say that we believe shaving will do no good. Keeping the hair reasonably short, and a good deal of brushing with a very soft brush we think is of advantage.

Whipped Cream.

To the Editor of BABYHOOD:

Will you kindly state through your columns if you consider whipped cream wholesome and also suitable and well adapted for a child of three-and-a-half to four years of age, taking for granted, of course, that the cream be perfectly sweet and otherwise in good condition? I have always been under the impression that it would cause more or less indigestion, taking the form of flatulence. J. W. N.

Taking for granted your premises, we would say that in our opinion the effect of taking whipped cream will vary a little according to the digestive peculiarities of the child. The air introduced into the cream is so small in amount that it would not, we think, be likely to produce much flatulence. A tablespoonful, for instance, would not have a greater bulk of air than there is of gas in one or two swallows of carbonated water, at the ordinary pressure of a soda fountain: and many persons find a help to the digestion of milk in aeration by mixing it with carbonated water, or by simple aeration by shaking it in a proper vessel. The real danger of whipped cream, we think, is due to the sugar usually mixed with it, and to the fact

that it is not eaten by itself, but as a dressing for cakes, puddings, fruits, etc., of various degrees of digestive impropriety.

Variations of Food Under Two Years.

To the Editor of BABYHOOD:

I write to you for advice about my little boy, aged twenty months. I had accustomed my other children when at that age to take, besides milk, such food as well-boiled oatmeal, soft boiled eggs, some cereals, etc. I began to try this child with a similar diet as soon as he was about a year old, and for three months he had no difficulty in taking it. Latterly, however, he refuses everything except milk, and if we can by coaxing persuade him to take anything else he vomits his food freely, apparently without any pain. He appears to be very sensitive, and even the sight of anything unpleasant will cause him to throw up his food. He is in good health and very robust, lively, and very active on his feet. He is very subject to constipation, which it is difficult to avoid from the diet he takes. He takes milk in sufficient quantities, but I am concerned because he will take nothing else. Is there not something wrong with his digestion? He sometimes sleeps well, but at other times is very restless. Will you please say whether milk is sufficient for his sustenance, or what I should do to get him to take some other light food?

B. M. L.

We suppose that milk is and will be for some time quite enough for him; but at the same time we think that it is desirable that he should, as soon as feasible, learn to use a more varied diet. Most children of his age can take the diet you describe, but in our experience they usually cannot successfully take it at the age you began at, that is to say at one year. Some cereals they can then take, the oatmeal porridge only in small quantity, the eggs sometimes, but usu-

ally with the risk of indigestion. The fact that he took them for a while and then refused them leads us to believe that they disagreed with him and that he showed an instinctive prudence in his refusal. Try again later and gradually, but in the meantime see if he will take well-made broths of meat or chicken, milk toast, made of stale bread cut very thin and well toasted, and a few little changes of particularly digestible foods before going back to the oatmeal and egg. If these are thrown up also, then seek good medical advice.

The Baby's First Month.

To the Editor of BABYHOOD:

I was very much interested in the article in BABYHOOD upon "Baby's First Month," and would like to ask a few questions upon the subject. I have one baby, who has always been delicate, and have had to deal with her as gently as possible. I know very little, therefore, about the usual well baby, and, as I expect another child, would like a little information.

(1) Will the average baby lie down and go to sleep as soon as fed, during the first month? I know some nurses let the child lie and cry, to teach him he must go to sleep by himself; but that seems a very harsh treatment. Is there not a gentler way.

(2) Are many babies free from the colic during the first few weeks?

(3) If, unintentionally, the baby is overfed, what should be done to make him comfortable and not interfere with teaching good habits?

(4) How shall the mother increase her supply of milk? Can you recommend some diet or tonic for use before the baby is born and afterwards?

(5) Is the non-ability to nurse a child inherited?

SUBSCRIBER.

(1) Judging from our experience, it depends mainly upon the monthly

nurse. Nurses who are fond of holding and handling babies generally manage to have spoiled their charges by the time the convalescent mother begins to take charge. But we believe that the average well baby does not expect to be taken up unless it is taught to.

(2) It varies greatly, but we should say from our personal experience that properly nursed and fed babies are more often free from colic than subject to it. Of course, any baby may have an occasional colic, as an older child or adult may.

(3) Hot water, with or without a carminative, and hot applications to the abdomen, are the best simple remedies.

(4) Good general diet, including plenty of nitrogenous food (meat, eggs, milk), with sufficient liquid, has yielded the best results. Of course, plenty of air and sunshine and a sufficient amount of exercise are needed. At the same time that the nourishment is being looked after, the digestion must never be neglected nor overtaxed.

(5) It may be, for the degree of development of the milk glands is as likely to be hereditary as any other peculiarity. So, too, hereditary strength and many other hereditary characteristics may modify the milk supply.

Baby Shoes; Summer Night-Wear.

To the Editor of *BABYHOOD*:

(1) My baby, who is fifteen months old, is just beginning to walk alone. He is very large and heavy, although active. Will it be injurious to his ankles if I allow him to wear ankle ties this summer instead of shoes?

(2) Our summer nights are so intensely hot that flannel seems to me too heavy for night drawers. Is there anything I can substitute for it for boys four and five years old who are large, vigorous children, and suffer from the heat? S.

(1) We think not, if the ankle ties are broad-soled enough. It will do no harm to let him run about in stocking-feet or barefooted in warm places. This is all on the assumption that he has no known weakness of the ankles.

(2) Light flannel is really more comfortable than any cotton that is any protection. Of course, we mean very light flannel. If you cannot get such, put a flannel band about the abdomen and let the children have their night-drawers of cotton.

Condensed Replies.

L. P., Utica, N. Y.

We would suggest giving the strained oatmeal, with the addition of cream, increasing until enough fat is given to keep the bowels in order. We do not quite understand whether there are four meals only or four besides the 2.30 meal. In the latter case the amount of food is certainly ample.

W., La Crosse, Wis.

Where a child is a year old there is only one advice about weaning. It practically has to be done, and it should be completed before warm weather comes. The fact that the child has no teeth at a year raises the question of insufficient nourishment at once.

L. F., Mobile, Ala.

In any climate with which we are acquainted, and where good cow's milk can be obtained, the dread of the "second summer" is only a superstition. Even with the carelessness of

infant feeding formerly prevalent, the second summer was never anything like as destructive as the first. The dangers of the second summer all arise from improper feeding. This being the case, we can only suppose that your place of residence involves some especial difficulty in obtaining fresh milk which has led your physician to advise you as he has.

F. B. D., Boston, Mass.

Of course a quiet house is better for many reasons, but it may not be attainable. You have to consider, for instance, whether the excitement which you complain of is worse for you than would be the cares of house-keeping in your circumstances.

T. R. D., Brooklyn, N. Y.

It does not often occur that milk need be kept beyond a day, but it may easily be kept longer than this time if, granting it was sweet when received, it is put at once into a clean preserve-jar, placed in hot water which is raised to the boiling-point, and closed while steaming, in the same way that preserves are closed, by screwing on an air-tight cap. Occasions may arise, such as travelling in hot weather, when it is necessary or desirable to have good milk always ready. In such cases it is preferable to have the containing vessels small, so that when once opened, their contents may be speedily used. The best vessel, which is easily obtained, is the strong, round bottomed bottle used for ginger ale, soda water, and other carbonated drinks. If they have well-fitting rubber stoppers with lever fasteners they will do. If the stoppers are worn so that their fitting is inaccurate, reject them.

An ordinary rubber cork is perhaps best of all.

M. P. D., Hartford, Conn.

The curds in the baby's movements may be due to fat, in which case they are generally very soft. Much more frequently they are due to undigested proteids (cheesy part of the milk), and then they are generally firmer curds. Ordinarily a child should be weaned by the time it is a year old. If the milk is not sufficient it should be weaned or partly fed earlier. If there is doubt that the breast will last through the summer the weaning should be started and the child accustomed to some artificial food, at least before the heat comes.

A. D., New York City.—We have no patent method and you give us no clue to the cause of the baby's wakeful habit. We have seen many wakeful babies, and we have seen just such as you describe yours to be, who resisted the idea of going to sleep. One in particular we remember who "went to sleep at the top of his voice," who could only be peaceably put to sleep by an ingenious aunt who held him at arms length upon the point of her knee, trotting him. He did not suspect that he was being put to sleep until his nodding head fell upon his breast and he was gone. We tell you this as a hint only. As regards the "crying-it-out" plan, we can only say, do not begin it unless you feel sure you can carry it out in spite of bystanding friends. To begin and fail would only increase your difficulty by and by when you must take up the struggle.

M. L., Bloomington, Ill.—Weaning should be commenced by feeding with

a spoon a little oftener through the day, and only allowing the child occasionally to suckle the breast, and by discontinuing the practice of nursing at night. Thus it soon becomes accustomed to the supplied food. There being less demand on the breast, less milk is secreted, and at last the breast ceases gradually its milk-forming function. The infant tolerates this gradual change of diet, while it rebels against sudden weaning.

D., Gadsden, Ala.—You put your case so clearly that we see your difficulty in adhering to our general advice of abandoning night feeding before the baby is a year old. We are inclined to think that a meal about the time you retire, which we suppose will be the "ten o'clock feeding," the best compromise if you must continue any night food. Of course, a well-fed baby does not need night food, but your strength must be considered.

I. D., Michigan City, Ind.—Insufficient clothing and clothing made of improper material are a common cause of bronchitis. Children, as a rule, are not properly or sufficiently clad. The body is not evenly covered. With girls, a thin stocking is generally the only covering for the limbs; the skirts are short, and the shoes not only thin, but so made that water and snow can easily penetrate. The arms and hands are not protected, and the head is often too thickly covered; especially is this the case in young infants where the forehead and head are frequently bathed in perspiration. All this leads to unequal circulation, and an undue supply of blood to one portion of the body of the helpless little one, and a deficiency in another, causing a local

chilled surface; and an attack of bronchitis may follow, or disease of a more serious and fatal character.

M., Helena, Ark.—The operation of circumcision, well done, is not serious; the anæsthetic is the main thing. The truth, we think, is this: The operation may be safely done on most children; it may or may not be advisable, according to the needs in each case. If local difficulties of the group mentioned first exist it will probably help. If bed-wetting exists, it is worth trying. In case of nervous irritations, it is only one thing among others to be tried, because of its possible causative relation of the phimosis to the nervous state. But in every case we think it advisable to ascertain if simple dilatation of the opening of the foreskin and the turning it back be not all that is needed.

C. A., Topeka, Kan.—There is no right or wrong to this question. The conditions vary with every case. There are cases in which, irrespective of the question of safety to the mother, to the child, or the relief of pain, anæsthetics are distinct hindrances; others, in which they are notable assistants. No routine practice can be recommended, and, in our judgment, no routine practice is safe. There is no difference between anæsthetics and other drugs; they must be given or withheld, according to the judgment of the physician responsible for the case; and we should no more think of promising or refusing in advance to give an anæsthetic than we should quinine, opium, aconite or any other drug of potency. It is probable that your attendant will have all necessary remedies, including anæsthetics, in his

bag. The error was in discussing the question at all. If you cannot trust your attendant's judgment, get one in whom you have more faith.

F. P., Syracuse, N. Y.—As you know from reading *BABYHOOD*, it never undertakes to treat cases, but simply gives general advice. The story that you tell of the digestive derangements of the four-year-old suggests a tendency to have an irritation of the intestinal canal easily set up, causing diarrhoea, which often acts as a natural method of relief. Many of these attacks of looseness could very likely be promptly arrested by the early use of a mild cathartic, just enough to clear out the offending matter. Very possibly an antiseptic could be combined with or follow the laxative. But the choice of medicines you ought to put upon a physician, who can see the baby, and not upon *BABYHOOD*, for there may be sources of error in an incomplete presentment of the case, and there are many individual peculiarities as regards drugs which a stranger cannot know.

G. D., Bismarck, N. D.—At your baby's age he may as well begin feeding from a spoon and cup. For the older babies your present dietary, including the meat, seems good. We doubt about the potato, not knowing how robust their digestion may be. It is one of the difficult vegetables for children, as it requires a great deal of chewing and mixing with saliva to be digestible. We do not see any use in the tomato, and the other vegetables mentioned—ordinary digestion being assumed—should be deferred a

couple of years longer at least. The stewed fruit may be useful, particularly if there is constipation, but the canned fruit and ordinarily the stewed fruit does more harm by the sugar which is added than it does good by its salts. Cocoa, meaning milk only flavored with cocoa, is allowable. The rich cocoa drunk by adults is not to be thought of for ordinary children.

P. D., Boston, Mass.—We know nothing of the manufacture of these "animal" crackers. Our objection to them is that, like other such things, they are given at improper "between-meal" seasons, and especially that, as pointed out in *BABYHOOD* some time since, the child who would be content with one or two ordinary biscuits is often ambitious to devour at least one specimen of each "animal," and to make of its stomach a miniature Noah's Ark.

S. M., Galveston, Tex.—The muton broth and "platter gravy"—meaning thereby juice of the meat—are admissible, and make a gratifying variety. Bread crusts soaked in the one or the other are often acceptable to children.

M., Dixon, Ill.—Shifting from one food to another is usually done on the principle of simple chance, and rarely does any food get a fair trial. Of course, it is not intended to advise the continuance of a food obviously injurious. But in making preparations of which cow's milk is the basis, by varying the proportions of ingredients, foods can be made which will pretty certainly be digested, and which at the same time are nutritious.

Experiences in the Home Training of Young Children

Children at Table.

Most parents have probably discovered the difficulty of making children carry themselves properly at table, and there is nothing to be done in this matter, so far as I know, except to insist that the boy or the girl shall sit squarely upright. And laxity, especially with small children, soon shows in round shoulders and a distressing slouch. If a child so far forgets himself at table as to ask for anything in an improper way, with slovenly tone or manner, he not only goes without what he wants, but he has to make the request again in a clear, pleasantly modulated voice and in proper words. I confess that as to minor breaches of etiquette at table, I like better to have some play and even singing than to hear slovenly speech and to see round shoulders. And I hasten to say this before my readers exclaim, "What poor, unfortunate little children those victims of a martinet father must be!" One of my boys once declared that I believed in poverty because it gave me an excuse to make the children do some of the tasks allotted to the servants of the rich. And I was not at all surprised when a friend asked my children one day who it was that found work for idle hands, to hear them answer in chorus, "Papa!"

Before leaving the subject of table manners, let me say a word as to table talk. If children are allowed full swing in talk at table, it is apt to become too commonplace for their elders, while too much repression makes

it depressing for the children. In a large family where there are always half a dozen children at table, it seems to me that the parents may well afford to sacrifice something at meal times in order to interest and benefit the children. If it is, as is so often the case, the only regular time when father and mother meet the children, it is all the more essential that the topics brought up shall be suited to children. If it is thought that this is making too serious a matter of it and tends to spoil a child's digestion, let a part of one meal a day be given to some talk or topic suggested by the reading or walk of the day; the father or mother can review the matter and really deliver a lecture upon the subject. For instance, last night at my own table the subject was cork. I happened to need a number of bags of cork with which to line the waste spaces of a sail boat in order to make sinking an impossibility, and as our ocean beach here is rich in corks, I paid the little ones one cent a quart to pick them up. The men who go down to the sea in ships along this coast seem to devote much of their time to drinking and smoking, if we may judge by the number of corks and of cigar boxes that are washed ashore.

Mr. Squeers' system was to make a boy spell "horse" and then rub down the animal by way of illustration. We, on the contrary, gave the afternoon to picking up corks and then came the lecture. We learned what countries cork came from, how it grew, when

and how it was stripped from the trees, its uses, its cost, the difficulties of cutting it, why it floats so well and makes good life-preservers, etc., etc. A week from now, when we next pick up corks, the children will undergo an examination as to what they know about cork, and I venture to say that they will know pretty much all that I do.

Some Object Lectures.

It has been objected to any systematic scheme of instruction of this sort at meals that it may become a nuisance and make the children dread the dinner bell. Dr. Blimber's famous "The Romans, Mr. Feeder," will occur to everyone as a warning that may be heeded with advantage. Herbert Spencer notes somewhere in his "Education" that merely to tell a child something is to make him simply the recipient of another's observation, which weakens rather than strengthens his powers of self-instruction. For this reason I have tried to make such daily talk as was intended to teach a lesson as simple as possible. Almost all elementary books on physics now give directions for experiments that may be made at home, and several of the works published by noted kindergarten teachers afford valuable material in the same field.

In the little talk on cork, of which I have spoken, I told the children in a simple way the story of Archimedes, and how, when he discovered that a floating body displaces just its own weight of water, he jumped from his bath and ran home naked, crying out, "Eureka!" This proved rather a tax upon the credulity of the small children; they appealed to their mother,

who added some details and declared the story a true one. After dinner, in commenting upon it, my six-year-old girl exclaimed: "He did run home without any clothes on; mamma says so, and she used to know him." The next morning my eldest boy, aged eleven, said to me: "If I had a dish of water, perfectly full, and put in an orange, the water that ran over would weigh exactly as much as the orange, would it not?" Which showed the practical value of the lesson.

This, of course, is the kindergarten system of instruction, and experience has taught me no better. I got my first lesson in the system by what I saw some years ago at the excellent school founded and supported by the Society for Ethical Culture in New York. I happened to be there one afternoon when the lesson was on cotton. The teacher began by asking the children to take out their handkerchiefs and examine them. A few questions by the teacher made it clear that while some of the children knew that their handkerchiefs were made of cotton, very few had a notion of what cotton was, where it came from and how it had become a handkerchief. Then the teacher described the cotton fields and pointed out the cotton States on the map; there was a picture of a cotton field in bloom, with the negroes gathering the cotton; a dried cotton plant with the boll bursting was passed around the class. Then a miniature gin was put upon the table and each child worked it so as to understand exactly how the cotton was separated from the seed; a spinning machine, very crude, but showing the principle, was next brought into use, and some

thread was made by the class; finally this thread was woven in a miniature loom, and a bit of rough cotton cloth turned out. It was then shown that the stuff made by the class was really of the same nature as the handkerchiefs. It is safe to say that every one of those children knew more about cotton than half the graduates of our high schools. The time and labor required to obtain the material for this lesson—the dried cotton plant, the toy gin, the spinning machine and loom—were insignificant as compared with the results achieved. Every mother will find it an easy matter to make a collection for nursery teaching that will be a source of constant delight and instruction to the children.

The "Sandford and Merton" system of teaching, by talking to the children and teaching them without letting them know that they are learning, much as it has been ridiculed, has no little good in it after all. It has been of small use in this country owing to the impossibility of familiar talk between the teacher and forty pupils. At most, a party of half a dozen children can be taught in this way. It is also more of a tax upon the ingenuity of the teacher than to follow a routine plan laid down in some text-book. In thinking over the topics that have furnished us with lessons, I may mention the following: Coal, wood, air, iron, water, salt, sugar, cotton, rubber, wool, paper, glass, spinning, weaving and spinning, heat and cold, the chief branches connected with bookmaking, the microscope and telescope, fire, colors, electricity and so on through a long list. And I know nothing more

interesting to the teacher than to watch the growing power of a child's mind to draw deductions from the facts he learns. Such a system tends to develop individuality in a child, for we can feed where we discover the appetite.

The Blight of the Commonplace.

When the late Matthew Arnold was in this country he was candid enough to criticise Americans as uninteresting, a misfortune for which he found some excuse in our public school system. If we look closely into the working of our public schools, it is evident that the system tends to eliminate individuality and make each child the counterpart of the standard public-school child, always a poor standard, or at least a commonplace one. At the most impressionable age we send our children to schools where the aim is to turn out boys and girls all knowing the same thing, all taking the same view of every topic, and approaching more or less closely to a common type with which persons of education have little sympathy. Herbert Spencer, I believe, holds that there is no harm, but rather good, in allowing a child to grow up a healthy animal, ignorant of the school rudiments until he reaches the age of eight or ten. By that time he believes that the child will be less plastic, and that the influence of home surroundings will have brought out an individuality not to be effaced by the routine schooling of the next few years.

The tendency to do away with book lessons for young children seems to me a healthy sign, and with my own children I have had no compunction in

teaching them to swim and to love sailing and outdoor sports before they knew how to read or write. The worst that could happen to them would be to have them turn out counterparts of the commonplace type I find all around us. The boy who at the age of twelve is a good swimmer and sailor, is fond of walking, fishing and all outdoor sports, is able to read and write and has some love and appreciation of a dozen good books is pretty sure to get along in whatever school he finds himself, for whatever he knows he will know thoroughly. These remarks apply, of course, to public schools and to young children and not to the schools—mostly very expensive ones—in which a man with rare aptitude for the work undertakes the training of a score or more of boys. And yet it does not follow that because a school is an expensive one, the instruction is worth the money. Miss Brackett once wrote that to her "it seems sometimes that there is no profession in which there is such humbug as in that of education." It is also notorious among New Yorkers that a graduation diploma from certain fashionable schools may be considered a certificate of frivolity and empty-headedness.

Ever since my children were able to walk a mile without fatigue I have made it a practice to take them walking with me as the best way of observing their carriage, their talk and of giving them an interest in such things as we came across. The boy or girl of twelve who pays no attention to the flowers and grasses he finds in the fields has missed something in life. In this connection I have found that the

most meagre technical knowledge on the part of the parents is of value in encouraging a child to collect flowers and grasses, shells and stones, to classify them and to ponder over their peculiarities. I overheard a boy of mine last week give his companions a lecture upon some bay leaf they happened to pick. The fact that it is supposed to possess some medicinal value, that in some parts of the country it is used to drive away mosquitoes, that it is sometimes called the candle-berry owing to the use to which people once put the wax that covers the small berries it bears—all this and more he told. Evidently the weed meant more than a weed to him.

A most excellent practice, according to my experience in this matter, is to get the children to listen attentively to some short lecture—not exceeding five minutes—upon some plant, tree, fruit or leaf, and then repeat the next day what they can of it. This accustoms a child to listening attentively to what is said. With regard to our walks on the beach, I have found the little manual by Professor Heilprin on "Animal Life at the Seashore," giving a brief account of what one is likely to pick up on the seashore, of value, and I wish that some competent person would do the same service with regard to the grasses and wild flowers we find in our field walks.

Gardening as Exercise and Discipline.

The garden has always been one of my hobbies, and, naturally, I have tried to make my children find as much enjoyment in it as I have. From the time when my eldest boy was able to walk I have made him a gardener,

to the best of my ability, and have not despaired, even when he persisted in saying that a bean he had planted produced a pea-vine that bore tomatoes. I know nothing that furnishes so excellent an illustration of the value of work regularly done and of patience than a garden. After a number of experiments in allowing children to have gardens of their own, and also to work in my garden, I have found it best to do both. If a small child takes care of a small garden, 6 feet square, and devotes half an hour to it before breakfast every pleasant day, the results will surprise and delight, not only the child, but a great many grown persons. Upon such a plot, not much bigger than a good-sized dining table, may be grown a tomato plant, if staked up, one cabbage, one egg-plant, one bean plant, one pea-vine and little rows, 2 feet long, of radishes, carrots, beets, onions and lettuce.

For twenty-five cents a set of miniature garden tools may be bought, and after the garden has been measured, dug up and planted with the aid of older hands, all that the children have to do is to keep down the weeds and hoe up the ground. If such work is done before breakfast, it becomes a pleasure for the little ones and a constant source of study and pride. It teaches neatness and regularity, and when the vegetables—real vegetables—begin to appear, the work done demonstrates its value. In the woodshed each child must have a certain number of hooks, and, when the breakfast bell rings, all the little hoes and rakes must be in a row. A weed in a garden plot six feet square ought to be something unheard of. After

the plants are well above ground, the morning work can really be done in ten minutes, and the children can then take a row in the big garden to hoe up. Most of us have an idea that weeds spring up in the night and grow to be a foot high by noon. As a matter of fact, they do nothing of the kind. If the children give ten minutes a day to their gardens, a weed will be a curiosity.

To parents who know and care nothing about gardening, the wisdom of giving a child a taste for it may appear doubtful, and they may argue that not one child out of twenty will have an opportunity in after-life to gratify this taste. The discipline, however, is the essential thing to be looked for; the habit of regular work, even if but for a few moments; the cultivation of patience in looking forward for months to results; the habit of neatness and order. If a man acquires a love of gardening by this early training, all the sages of antiquity uphold the taste as one to be glad of. Although the busy city man may never have more than a backyard 10 feet square, those who have tried it know what wonders can be done with such a plot. Village dooryards and city windows are rich fields for the display of good gardening too little improved upon in this country; indeed, their neglect is remarkable when compared with the number and beauty of miniature gardens in England, France and Germany—often the result of work done at odd moments by very poor people, whose days are spent in the shop and factory. The very fact that my children will probably drift away from the country life I love to the

greater money rewards of town life, is all the more reason why I should do my best to teach them, while little, what pleasure is to be found in a fertile piece of earth as big as a dining table.

When Grubbing May Be Hurtful.

Real labor in the gardens, such as the weeding out of long rows of vegetables, is apt to discourage a child with gardening, and I have never attempted to make my children do anything of the kind. My own love of gardening is, I imagine, inherited from grandparents, to whom their gardens were, even in extreme old age, a source of comfort and pleasure. Upon the other hand, my father's distaste for anything connected with a garden is quite as strongly marked, and he can find no better explanation than that as a child he was made to work beyond his strength at weeding and grubbing. When quite a little fellow of five or six I remember that my grandfather made me cut out, with a knife, the grass that grew between the bricks in a long brick walk that divided his garden in the middle. The work required weeks—in fact, the grass began to peep up again at one end of the walk before I had reached the other. It was tiresome, monotonous work, for which I could not then and cannot now see much purpose. I had a little chair upon which I sat in the sun and cut and scraped away. To this day the sight of a brick walk is a distasteful one, and had I been required to do similar grubbing in the vegetable plots, I should, in all probability, have acquired an aversion for what has been for years one of the pleasures of life to me—a garden.

In making children work their little garden plots, it will soon become evident that, as in every other employment and task given them, it is necessary to spur them up by constant supervision and encouragement. Perseverance is one of the virtues that have to be most sedulously cultivated in children; it is certainly not born in them. This necessitates a pretty constant "following up." But it is really not a tremendous task upon the part of the parent to keep an eye on his children when doing his own half hour of garden work before breakfast. It is also easy to take a turn of five minutes after breakfast in order to see that all the little tasks set the children have been faithfully performed, and in case of neglect to devise some small penalty. Merely to tell a boy that he left his hoe in the garden instead of hanging it on its proper nail in the woodshed, is simply to encourage him to greater carelessness; he feels that someone else is looking out for him, ready to remedy what he neglects. My plan is to hide the forgotten hoe or rake and make the child do the work the next day with a blunt stick. The lesson is learned at once. The five minutes tour of my house and grounds will show me at noon every day if all the tasks allotted to the children have been done. The gardens must be glanced at; in the woodshed everything must be in order; the chicken house must be cleanly swept, there must be water in the pans and the food must be properly taken care of. The swill and ash pails must be empty and in their places near the kitchen door. The coal and wood boxes must be full. There must be

no rags, papers or sticks around the place, back or front. In the house all the rooms must be "made up" and the toys and books in perfect order. And if there is a dead leaf on the front porch, my six-year-old girl is taken to task for it.

To anyone who may imagine that such constant supervision in minute matters is irksome to the parents, or

that the work itself requires hard labor upon the part of the children, I will say try it for a week. All that I have laid out for my children can be accomplished in one hour, including half an hour's gardening before breakfast. Taking another hour five days a week for lessons, we have about ten hours a day left for play and meals.

H. M. S.

Quarantine Amusements

The following record of six weeks' quarantine is given with the hope that others similarly situated may find therein some helpful hints, also that the suggestions may be applied to times of convalescence or even to rainy days.

A blue card with black letters announced to all who passed that there was scarlet fever in our home. It also gave warning to all without not to enter and to those within not to go out. The father of the family, who must attend to his work, was banished for the time; mother and three children were limited to the use of two rooms. There was only one other person in the house and she was not allowed in that quarter.

Now, usually the first thought at such a time is the anxiety, the care, the tireless nursing of the sick ones, to whom the mother is ready to devote her time, strength and energies; but such was not the case with us. Friday evening Peggy, the little girl, had looked flushed and a little speckled; Saturday Pokey, the middle-sized girl, had a headache, and by evening she, too, was somewhat

speckled; Sunday Polly, the "great" girl, had acted similarly; but it was not until Tuesday, when the two little P's were quite well and frisky again, that anything serious was thought of. Then, as we are a law-abiding family, we sent for a representative of the health department to look us over, with the result above stated.

Now, our three "sweet P's" had spent the summer in the country, with miles of woods in which to roam, great stretches of water in which to sail or row, and almost no limit to their possible activities. They had hardly been at home long enough to accustom themselves to the necessary limitations of city life when this sentence was proclaimed to them: "Beyond those two rooms you shall not go for forty days." At first it seemed that they could not bear it, for by this time even Polly was nearly well; but we were philosophical as well as law-abiding and so cast about us, as soon as we could recover our wits from the shock they had received, to see how best to adjust ourselves to the new *régime*. A dainty supper, neatly served, with mamma for company,

was fun enough for the first evening, for it seemed like a tea party. After the supper little Peggy, who was only three years old and could not understand the new order of things very well, escaped the vigilance of the guard and ran laughing into the hall. She cried bitterly when brought back, and mamma's heart sank at the thought of trying to keep her lively little girl shut up for all those long, long days to come. But to mamma's great surprise she thereafter settled herself happily in her new quarters and until the day of release hardly ever asked, and never cried, to go out.

In this particular disease the "desquamation of the epidermis," as the doctor learnedly calls the peeling off of the skin, is the thing to be attended to. This necessitated a daily anointing and a daily ablution of the three, which occupied no small portion of our time. This accomplished, our little folks dressed each day. Breakfast was usually taken in bed, but the dinners and teas were made much of as a source of amusement. They were served upon a little table, sometimes in accordance with the requests of the "invalids," but more often they contained surprises. Such was the activity of these invalids that their appetites never failed, and most of the meals were gay affairs.

After a day or two Miss Polly constituted herself a teacher, and for an hour each morning, except Saturday and Sunday, kept school, with Peggy and Pokey for pupils. They were too young to do a great deal, but Polly was an ingenious little teacher, and with slate, papers and pencils and some kindergarten materials the three

passed the hour very nicely each day.

The walls of the room were converted into a picture gallery and many hours were spent cutting out pictures for their decoration. Even the doors were covered and a gay appearance the room presented before the young artists had finished. One corner which they particularly enjoyed was filled with all sorts of animals—a regular menagerie. Paper dolls proved an almost unending source of amusement. From a large pasteboard box an elaborate three-story house was made for the family of paper dolls. It had stairways, partitions, windows and doors, and the furniture was all planned and made. The family itself, which grew to be a very large one, was all home-made and dressed by the little girls. They cut some of the dolls from fashion plates, afterward coloring them with crayons; some they cut from water-color paper, fitted their costumes to them and decorated them with water-color paints. These were the favorite ones, and they made them elaborate wardrobes with costumes suited to all occasions.

Kindergarten materials were used somewhat and proved valuable, especially for the younger girls. Those used most were as follows:

Strips of paper, about $3\frac{1}{2}$ inches long and $\frac{1}{4}$ inch wide, were cut and then pasted into links to form chains. These when finished were festooned around the room to add to the decorations.

Simple designs were marked upon cardboard and the outlines perforated at intervals of about one-fourth of an inch. The outline was then covered with colored worsted or silk by sewing

through the perforations. Sometimes the object thus outlined was colored with water-color paints; thus, for instance, a pea-pod was painted green.

Pretty mats were made of paper cut in strips and strips of another color woven in to form a pattern.

Bright colored papers were cut in four-inch squares and folded in pretty forms. These folded papers made pretty picture frames when neatly done and tastefully arranged.

Bright papers were also cut in small squares or triangular pieces and pasted upon cardboard in fanciful designs.

All the products of this work went toward the decoration of the walls and great was the delight of the little girls when they saw their handiwork so honored.

The material for all this kindergarten work can be obtained at a small cost from the manufacturers, but in an emergency it can be prepared more cheaply yet, and almost as well, by any ingenious person.

The desire to do something useful led to the making of holders. Mamma cut and folded pieces of soft outing flannel of the proper size, and the little girls stitched them "over and over" around the edge with fancy silks. These, after being disinfected according to law, proved most useful.

A game which they greatly enjoyed was entirely prepared by the two older girls. The game requires a board and five bean bags, one bag six inches square, the others somewhat smaller. The board was cut, was finished with cross pieces to prevent warping, with a hinged rest at the back, and was stained and polished. The bags were sewed and filled. A

box was stained to match the board in which to keep the bags. The aim of the game is to throw the bags through the hole cut in the board. If the large bag goes through it counts ten; the others count two each. The exercise of the play is excellent and was enjoyed all the more because of the work in its preparation.

Another game is played with a board and marbles. The board is placed upon the floor, and any number of marbles may be used. The players roll or "shoot" the marbles, aiming to send them through the opening, counting for each one which goes through a number corresponding to the figures marked on the board above the openings. The board for this game could be made, as was our "bean-board," by boys or girls confined to the house.

Of course we read and read. Until the latter days of the imprisonment the eyes had to be considered, to the exclusion of books, except as mamma could read aloud, but even so we read a great deal. Little Peggie got well acquainted with "David Copperfield," whom she called "Baba Cockfee," the story of whose exploits, read for the sake of the older sister, put her to sleep many nights. All could enjoy "Swiss Family Robinson," "Robinson Crusoe" and the "Five Little Peppers." The little teacher had her turn in being taught, and was able to take rank with her class when she could again enter school.

One birthday was celebrated during our quarantine and we made it a gala day. It was a holiday for the little school. An unusually tempting dinner was served, and at supper the birthday cake, resplendent with can-

dles, made its appearance. Other little surprises were planned, so that the day might be a happy one.

On Sundays we played church and Sunday-school, sang the familiar songs of the Sunday-school and learned verses from the Bible. On Sundays, too, there was generally a letter from papa. We tried to make the day as different from the other days of the week as it usually is.

Altogether, with work and play, study and amusement, the days passed so happily that "the time when we had scarlet fever" has ever since been referred to by the three P's as the red-letter time of their life. One great lesson was daily impressed upon them: to be thoughtful and kind in all ways to each other and each to take pleasure in the happiness of others.

P. M. D.

What the Young Wife Ought to Know

A young wife ought to know that she is a possible, even probable, mother, and consequently should so order her life that when her kingdom comes it may prove a joy and blessing to her. It is a sad comment on the civilization of this age that the advent of the first baby too often proves the inauguration of a series of diseases resulting in a nervous, irritable mother of a peevish, ailing child.

A young mother ought to know that monthly nurses are not infallible, and therefore her own common sense must to some extent control and modify the nurse's treatment of Baby.

That discipline should begin within twenty-four hours of his birth; regular hours for feeding, sleeping and bathing being absolutely essential to his welfare as well as for her own peace and comfort.

That frequent and unnecessary handling is positively injurious during the early days of his existence; a baby, like a kitten or any other young animal, being all the better off for a little wholesome neglect.

That he should sleep by himself.

That catnip tea, soothing syrups, patent cough mixtures, rubber diapers and bottles with tubes are abominations in the sight of a wise mother and should have no place in the nursery.

That linen diapers are less harsh to the sensitive skin of an infant than cotton, unless the latter are very old. Cotton is often advocated in preference to linen upon the ground that it is not so cold when wet, but a wet diaper is a cold diaper of whatever material it may be, and should not be allowed to remain on the child for a moment.

That prolonged and excessive crying may sometimes cause rupture of the navel in a young infant. In such case a physician should be at once consulted, as navel rupture is readily controlled during infancy. It is less easily managed in later childhood, and incurable in adult age.

That long, trailing robes on an infant are cruel and absurd. He should be warmly but lightly dressed in clothes reaching not more than a quarter of a yard beyond his feet.

That his skirts should hang from the shoulders and fasten with small easier to dress a very young baby in garments that fasten behind.

That an excellent way to keep an infant's hands warm in cold nights is to make him a flannel night-gown *without* sleeves or armholes, open all the way down the front—for convenience in changing—and closed with buttons and buttonholes. His little hands can have plenty of freedom beneath the gown without possibility of getting from under cover.

That he is not hungry every time he cries; often he is thirsty, and a few drops of water will quiet him.

That sameness of food, not variety, is required by a young baby.

That until he cuts his first teeth starchy food is apt to cause flatulence and even convulsions and that cookies and cake of all kinds are rank poison to him.

That aperients are poor expedients for the regulation of a child's bowels, as they encourage a costive habit and render him liable to take cold.

That it is an excellent plan to lay Baby on his back on the bed, unpin his diaper, and let him kick a while every day for exercise.

That a little vaseline rubbed on his nose and chest is a simple but efficacious remedy for slight colds and coughs.

That a chill or a fever is a serious symptom and requires the immediate attention of a physician.

That, if Baby has some slight ailment, he is not necessarily going to die at once. That the millions of adults now on earth have survived the trials of teething and run the gauntlet of all the ills that befall childhood and youth, and consequently that she should have courage to believe that her child stands a fairly good chance of reaching maturity.

And finally that the cross, over-fed, over-dressed offspring of a vain, fussy mother is never attractive, while a clean, wholesome, happy baby is always beautiful and a wellspring of joy to all who behold him.

M. D.

Misdirected Selection of Toys

The vagaries of grown-up people must seem strange to children. No doubt they often think that to be grown up necessitates a lack of appreciation for their dearest treasures and an unaccountable love for things tiresome and uninteresting. Our mistake lies in expecting children to meet us on our own plane, forgetting by what a long and roundabout way we reached that plane ourselves.

All through our valley the rivers

lately overflowed their banks with disastrous consequences. After days of torrents we met in the kindergarten as usual and offered our morning thanksgiving. Many of us had left anxious homes, crossed our threatened bridges and "washouts." It is the custom for our children to mention all the things for which they give thanks.

"I am thankful for the water," said John. Truly he meant it, for when an unexpected and wholly delightful

pond appeared in his front yard, why, what an opportunity for sailing toy ships through the long afternoon!

As if to confirm John in his gratitude, the next boy said, "I am thankful for rubber boots."

Picture the boys exploring the banks of the new pond, making pioneer settlements on its banks, sailing their ships and naming the islands, while anxious, grown people prop their furniture out of the water, explore their cellars on rafts or take turns in watching bridges and mill-dams. Truly grown people take life hard on this glorious spring day.

Expecting a visit from two little girls, I planned quite a complicated paper doll's house and furnishings. While the children were admiring the dolls, they chanced to see a tape measure which was wound by turning a little handle. Immediately the dolls were dropped. All the afternoon the children wound and unwound that tape measure, and, while measuring everything in the room, planned to save their pennies to buy one exactly like it.

A toy that is complete in itself, that calls for no play of the imagination, that allows no scope for the child's creative instinct, fails to charm, while the rudest, most clumsy toy with which he can "do things" is a priceless treasure.

House-cleaning time in the nursery is a serious matter. Full well I know how safely I may throw away that elegant Paris affair that winds with a key, but I wisely hesitate to dispose of that bit of board with its nails and strings and colored paper attachments. That "trash" represents a

brilliant fancy, and its owner sees in it wonders of which we cannot dream. It has figured already in many a thrilling drama, and has become to our boy a link between his past and his future. It is a foreshadowing of things to come, and when we have learned the lesson it teaches we may know how to educate its inventor. In the relation of the child to this crude toy we may read the prophecy of his future career. We fail to learn until we are taught by repeated experience the importance of simplicity.

Froebel's kindergarten material offers wide scope for the teacher's imagination. There are many graceful and beautiful combinations of the "gifts" which tempt the kindergartner to please her own fancy at the expense of the child's needs. Too much and too many kinds of material are offered, with the result of tiring the child and confusing his mind. After making "pretty gardens" with rings, sticks and beads (a dictation lesson), I offered this material to my class for "free play." The children quickly selected the rings, pushed away the sticks and beads and proceeded to make simple figures with the rings, throwing out as rubbish all that interfered with their ideas of outline.

The roots, stems and leaves of common beams that the children planted themselves and pull up at will and study (with proper guidance) are far more interesting to them than gorgeous blossoms in a conservatory. My own class of very small children push and crowd and almost quarrel as to who shall be the first in the morning to see the progress of a handful of beans and corn they planted in an old

flower-pot, while they walk past a splendid cactus in full bloom with scarcely a glance.

A lifetime of study is all too short for us to learn to guide this wonderful creative instinct. And, alas! how many lessons are learned at the expense of our children, for much of our best work is but an experiment. Ready-made toys that will "go of

themselves," ready-made thoughts that are complete in themselves and are tacked on to the memory, at no point touching the child's experience, reason or reflection, should form no part of the child's education. Rousseau says: "A child will learn more from an hour of work than from a day of explanation." R. S.

Little Lessons in Number

After using shelves full of complicated and expensive kindergarten material for teaching numbers and trying to invent new and attractive ways of making these first steps interesting to young children, I found that my little ones thoroughly enjoyed home-made material, especially if they helped make it.

Early in the fall a fancy basket was produced, which the children were told they might fill with horse chestnuts, to use in their number lessons. They were delighted with the task, and that basket of horse chestnuts was in active service until late in June. Teachers hardly realize what simple things charm children, or how the more complicated ones puzzle and tire them.

Until some idea of number in the concrete is learned, it is unwise to teach symbols or number writing. When the child can count two or four of his chestnuts, divide these in half with his mate, or play they were soldiers, marching one by one or two by two, using these two or three or four in every possible position; he is then

ready for another horse chestnut—not a figure.

As soon as he can count six things and divide, multiply and find the fractions of six in the concrete, it may be well to show him how to make the symbols of these things. A test of his new knowledge I have found in this way, using six colored worsted balls (primary colors): "John, let us play this is a mute school. You and I can neither hear nor speak; but play that I wanted you to give me some balls, and I will make signs for the number of balls I wish you to give me." John is charmed with the idea, and as the teacher makes "2" upon the black-board he instantly holds out two balls, and so on, skipping about to thoroughly test his knowledge of the figures as well as the order of counting. Then it is John's turn to make signs for the teacher to answer with balls. This pleases him most, for his mental activities are now even more stimulated than when he answered signs, as now he must think out the result before he thinks the sign. He must also exercise his newly acquired hand

faculty of making the strange figures which are to reach this result. All this without one spoken word, though the child is so pleased with his successes that he shouts with laughter and holds back the words on his lips with his little fingers.

Another exercise that the children like is what we call the Indian wigwams. Kindergarten parquetry papers, equilateral triangles, are used for this. These can be made at home by cutting the triangles out of different colored papers. Kindergartners always prefer those made by machinery, as exactness, even to a hair line, is a requirement of the kindergarten.

A sheet of ruled paper and six triangles ("wigwams") are given to the child, which he pastes all in line, to show that these Indians built their wigwams in a straight row. After this we use six more wigwams and play that half the Indians moved across the river. Three tents are pasted at the extreme left and three at the right of the paper, leaving a space between to represent the river. Now (with six more triangles) only two families moved across the river. How many wigwams will be left behind? And so on, till those six families have moved about to show all the additions and subtractions of the number six.

If the papers are pasted neatly and harmonious colors are chosen, the child has a pretty lesson to keep, a concrete study of six to which he will mentally refer when asked to tell stories about the number.

The children like to tell what we call number stories. They think of something they would like to share

with each other and one will say: "Suppose I had four chocolate mice and gave Willie two, how many would I have left?" Then there is a clamor from all the other children. "Oh, let *me* tell a number story!" And so they take turns in trying to tell what they call "hard ones."

Though the children often learn to count up to twenty in the first year, they need only be drilled in the numbers to six, with their combinations, "taking each number to pieces" as they proceed. In this way they acquire a clear understanding of halves, quarters and sixths in the concrete.

When the children grow a little older, advertising calendars with large numbers are a real treasure. The children cut out the numbers very carefully, and, mixing them up, proceed to arrange them in order. It makes a little game to divide these calendar numbers between the children. Starting with one, each child puts down on the table the number next in order; the one who has first parted with all his numbers wins the game. They are not quite old enough to discover that he who holds number 31 must of necessity be last.

Almost as soon as children learn to notice resemblances and differences, they have a passion for collecting things that are alike in kind; and when they can count and arrange their treasures in the order of their likeness or difference, they are serenely happy. This impulse to collect is Nature's way of teaching numbers, and the teacher who recognizes it, and uses it according to Nature's law, is most successful.

The heads of dandelions can be

made into delightful number lessons, and when the dandelions put on their "white wings" that can be blown off, they are even more useful in that capacity.

A wonderful amount of instruction in botany, natural history, lessons of color, order and arrangement and classification can be hidden in these baby number lessons. The child who has collected ten leaves, all of different names and shapes, has learned something more than the number ten.

The child who collects in his outdoor play ten "round things growing" begins his first lesson in the law of curvature in Nature.

A teacher who has all Nature to furnish material and who uses Nature's laws in her teaching will allow the dust to collect on all the complicated man-made material for teaching; number and find an inspiration in her work that can be found in no other occupation.

L. E. P.

Will He Outgrow It?

The answer to this question is so often demanded of the physician or surgeon who has much to do with children that it may not be out of place to mention, in brief, some of the bodily ailments and deformities which prove so distressing to the anxious mother.

The mother of many children has long since learned that many little defects are outgrown, and she looks quite complacently on the younger mother when she finds the little one walking, for instance, on the toes and balls of the feet, or when the limbs appear too much bowed, or when the child rolls to one or the other side of the foot, showing weak ankles, or when one shoulder is a little higher than the other. Let us, therefore, take up this question in detail.

(1) *Slight Drop-Foot*.—We use this term to indicate a condition which is shown by the child walking on the toes and balls of the feet rather than getting the heel squarely down. This

suggests always to the mother the possibility of club-foot, and she naturally believes that the deformity will increase and that the child must eventually be put in irons or be subjected to an operation.

If a child begins to walk at the usual time and presents only this little defect, there need be no fear about any increasing deformity or anything that will require operative or mechanical treatment. One can take the foot in the hand and move the ankle-joint in all directions without any resistance. Again, by tickling the sole of the foot, the child itself will execute all the movements, and these two procedures alone ought to satisfy one that there is nothing materially wrong about the muscles, the bones or the joints.

If a child is late in walking, say, does not walk until it is two or three years of age, and then, when put on the feet, bears the weight on the toes and balls and is inclined to cross one

foot over the other, the case presents a more serious aspect. Already it will have been noted that the speech is very indistinct and imperfect; that the movements of the hands are not as they should be; that the child is very excitable, laughs inordinately and cries without any special provocation, and that it has always been constipated. All of these conditions have weighed so upon the mind of the mother that the deformity of the feet is regarded as of little consequence. Fortunately, this kind of a case is rarely met with in practice, and many physicians are consulted before the facts are fully appreciated. We call it spastic paralysis or spastic contraction, and the question, "Will he outgrow it?" may be answered, with a good deal of caution, negatively. Lest the readers of this journal may look for cases of this kind, let us assure them that, as already stated, they are very rare, and that a child who begins walking at the usual age is not thus affected. Drop-foot, therefore, as it occurs in young children between the tenth and eighteenth months, has no significance and it is always outgrown.

(2) *Weak Ankles*.—By weak ankles is understood a turning of the foot to one or the other side as the child walks or stands. The shoe indicates this; and an examination of the foot will show a natural contour, the functions of the joint are good, there is no bony deformity, no special laxity of ligaments, that the parent can discover. The child is usually heavy, and its nutrition has not been the best. There is generally at the bottom of

the trouble a mild grade of rickets, probable long since corrected. The age of the child presenting weak ankles is from the twelfth month to the second or third year. It may be safely stated, in a general way, that children do outgrow weak ankles, especially if the hygienic surroundings are good and if the child has an abundance of oxygen, such as can be obtained in any part of the country. Don't allow such a child to remain indoors the greater part of the day. Let the diet be regularly administered and let it be nutritious. Let the shoes fit well and have broad soles. Laced shoes are better than buttoned shoes, for the reason that the buttons are so poorly secured to the leather and the button holes are so flimsy that the uppers are quickly stretched and the joint structures are subjected to strain. Stiff counters to a shoe afford very little protection in cases of weak ankles. There needs to be a good base of support. Any unresisting leather about the ankles is apt to interfere with the growth of muscles and tendons and thus perpetuate a weak ankle. By proper attention, then, to the footgear of the child, weak ankles can be easily corrected and the child will outgrow them.

(3) *Bow-Legs and Knock-Knees*.—These deformities become at times painful from a cosmetic standpoint, but very seldom interfere with the growth and comfort of the child. A number of children have a slight degree of bow-leg, where, for instance, the distance between the legs is about an inch and a half or two inches; that really amounts to nothing at all.

Then, again, children who are quite fat and chubby bow throughout the whole length of the limb; the knees are far apart. As a rule, children of this class do outgrow the deformity. It is seldom that anything remains permanently after such a bow-leg. Where there is a sharp curve in the lower part of the leg, just above the ankle, it is highly improbable that the child will outgrow it. It is the uniform bony curve that is so harmless and that is not lasting.

The same is true of slight knock-knees, where the ankle stands about two inches apart and the knees touch. Our advice to such parents usually, when brought to us, is that a little attention be given to the shoes. So for bow-legs, build the shoes so that the knees will closely approximate, and in knock-knees build them so that the knees will separate a little, and wait for the influences of time and diet and hygiene.

So long as the mother does not get morbid over the subject, and does not think that the deformity is hideous, we prefer to postpone the application of apparatus indefinitely. The employment of irons or braces, at best, accomplishes very little. We mean those which one gets at the instrument maker's, and which figure in most of the instrument makers' catalogues. If they are at all efficient, the pressure on the parts is so great that the child objects, and the mother yields to the child's objections. The rule among surgeons is not to operate on these limbs under eight or nine years of age, and in nine cases out of ten, by the time this age is reached, there is

no deformity to correct. It must be understood, of course, that we refer to children in the better walks of life, children whose parents are in a position to get the best hygienic surroundings and diet, etc. In the humbler classes, among the very poor, where a child is crowded in a close tenement where the air is all the time vicious, and where the food is not only irregular, but far from nutritious, such children need competent medical advice, and it is unsafe to wait for the child to outgrow the trouble.

(4) *Deformities of the Chest and Back*.—Under this heading we include round shoulders, lack of symmetry between the shoulder blades, a prominence of the breast bone known as "chicken-breast," or a depression at the lower end, known as "bird's nest" deformity. All of these deformities in young children are but the outgrowth of rickets, and, when not exaggerated, may be classed among the affections which a child will outgrow. It is best in all cases to have the little one seen by the family physician and rely on his judgment. This article is not written to deprive one of medical and surgical skill, but to allay a degree of anxiety in young mothers which the editor of this magazine always considers.

The appliances for pigeon-breast, are, as a rule, unsatisfactory. For round shoulders, light gymnastics, either at school or in a gymnasium, are preferable in all cases to what are known as shoulder braces or spinal braces, and the development of muscles and the chest itself must always stand preeminent.

A long list of deformities and defects in the human system might be given which the child will not outgrow, but a mere mention of these

would cause more anxiety, perhaps, than could be well allayed by any article printed in a magazine of the character of *BABYHOOD*.

The Mothers' Parliament.

The Gertrude Suit in the South.

I use for the first garment of the suit a light quality of albatross cloth, making the upper and sleeveless garment of a medium weight wool flannel. The albatross being too sleazy to take scalloping well, I turn under the edges once, and face with thin, narrow ribbon, such as comes for tying legal documents. I use the second width, about one-third inch wide. This is easier to use and makes a smoother finish than bias silk. For the flannel garment I use knitting silk for embroidering the scallops, and also for crocheting the neck and sleeve trimmings to the nightgowns, which I make of cotton and wool flannel, long and full.

For slips I used a rather thick cambric about the weight and fineness of French percale, such as is used in the imported nightgowns. These I varied from the original Gertrude slip by making the back like an ordinary yoke-slip. I followed the same plan as "M. S." in a recent number for the bands, but discarded them entirely after six weeks; the albatross is so soft that it does not rub or chafe.

For inner diapers use old undershirts cut into suitable sizes and hand hemmed; the cheap cotton-ribbed shirts are the best; they are very soft and as absorbent as those very expen-

sive antiseptic knit diapers which are the poetry of that kind of thing. I short-coat my babies as near four months as may be. If this happens in warm weather, I cut off the tails of the albatross garments, and add larger sleeves, if those are needed (which with any kind of washing won't be necessary for some months after the change is made). I use the "Double V" waist made for babies; it is the nicest thing of the kind I have ever seen, having safety pins on the V portions, which I pin through the albatross inner garment to the diaper and stockings, or strap from the stockings, as the case may be. This waist carries the white shirt, and on cool days an "extra" of thin flannel; and if you put the baby in yoke slips with large sleeves, you will have as little trouble as you can reasonably expect. When the child is a year or more old, the infant "Double V's" with buttons carry the drawers and flannel skirt. The first Gertrude albatross is by this time short enough in the tail to go inside the drawers, or a camel's hair or ribbed natural wool shirt and pantalettes take its place.

If the baby must go into short clothes with winter before it, I use the flannel second garment, making sleeves and putting them on under the scallops of the armhole. I get enough

flannel at first to make a second and larger pair of sleeves to each garment ; and I always use a chain stitch machine for sewing in sleeves. It makes any necessary alterations in children's clothes a much shorter and simpler matter, anyway, and I have never had any trouble from unintentional ripping.

M. A. B.

Baby's Bunk.

I send a description of our boy's "bunk," hoping it may be of use to some mother who intends taking a sea voyage with a wee baby. The good captain of an English steamer had his sailors make it for us, and it has been such a comfort that we long to tell BABYHOOD readers of it.

The bed consists of a light wooden frame 34 inches long, 18 inches wide and 12 inches high, and three strips of sailor's canvas. One strip of the canvas goes underneath the frame, forming the bottom, and comes up, forming the ends. The two side pieces are sewed to this at the four corners and the canvas is then tacked to the frame all around the top and bottom. The ends are folded and sewed over the ropes by which the bed hangs. Baby slept and ate and lived in his "bunk" during our week's voyage and was safe and happy. There is always some place on deck where the bed can be swung, and at night, if no arrangement can be made for swinging it in the stateroom, it can be tied on the sofa or put at the foot of the mother's or nurse's berth, and the baby will be snug and safe. The bed just held Baby's bath, and when we were traveling by rail it was sent with the luggage, with the bath and rugs packed

in it, the ends being folded down over the top and securely fastened with the ropes.

Baby slept in his "bunk" all summer, for it was more comfortable than the average hotel bed ; and as he is yet a very little baby he still uses it. Indeed we shall be sorry when he must have a larger bed. The bed can be made pretty, to use at home, by having a deep frilling of cretonne or dainty muslin tied around it.

H. W.

A Useful Chinese Stove.

In case of colic at my neighbor's house the Chinese stove is brought out. This is a flat tin box with punk for fuel. The punk can be lighted with a match and the stove is soon as warm as the hand can bear. The heat lasts without attention for two or three hours. These stoves can be obtained at Chinese or Japanese stores. This stove makes Baby so warm that the mother does not need to sleep with him. Both mother and Baby rest better alone. The stove saves hot water bags and hot cloths and is quickly prepared, even in temperature and safe. It is good to carry in the hands on a cold ride.

H. L. H.

Some Possible Causes of Emaciation.

The points emphasized by R. C. Cabot are that cell growth, cell multiplication, and cell nutrition are profoundly influenced by age, by sexual influences, by internal secretions, by sleep and exercise, and by a multiplicity of hereditary individual and psychic factors not yet clearly distinguished. He first calls attention to the changes that take place with age, the gradual or fairly rapid loss of

weight often observed as a part of the aging process in persons past middle life, which is often associated with arteriosclerosis, possibly as a result, possibly as a concomitant effect of some third unknown factor. With some exceptions, the rule is that during the years in which arteriosclerosis is prone to develop there is a loss of weight, usually gradual, sometimes rather alarming. The very rapid increase of weight often seen in growing children and after wasting diseases, is not the direct result of abundant food, but must be referred to a heightened energy of cell growth. The sexual influences are also factors in nutrition, as strongly suggested by the changes observed following parturition, the menopause, and castration of animals. The importance of internal secretions in maintaining or perverting nutrition is shown in the emaciation of Graves' disease, the increased weight in myxedema, and possibly by the local hypertrophies of Paget's disease and acromegaly. Lastly the possible decisive influence of sleep on weight is suggested by the rapid emaciation sometimes occurring in aneurism cases, when insomnia is produced by pain while the appetite remains excellent.

The Administration of an Anesthetic During Natural Sleep.

Dr. Dawbarn advises, in case of a child, selecting the usual hour for its daily sleep, entering the room noiselessly, and administering the anesthetic cautiously. The fourth point mentioned is regarding the common advice to remove all artificial tooth plates. He thinks that there are some

exceptions to this rule: When the plate is large and the pharynx of only ordinary size, swallowing or choking with the plate in position is out of the question, while if it is removed the cheeks and lips may fall in so as to interfere with the breathing space, especially if there is coexisting nasal obstruction.

"Every Day Luncheons" gives the following recipe for popovers: One cupful of flour, measured after sifting, one egg, unbeaten, one cupful of milk, and a pinch of salt. Butter a gem pan and put it into a hot oven. Mix all the ingredients together, stirring hard with a wooden spoon. When the pan is hissing hot, pour in the batter, filling each compartment half or two-thirds full. Bake in a very hot oven until well puffed and brown, cover with a paper, and finish baking. This quantity makes a dozen popovers.

A bag for soiled handkerchiefs is as indispensable as a dust bag, where there are children. It teaches them to care for their handkerchiefs, and they are easily counted for the laundry and less liable to be lost than if placed in the hamper with other clothes.

As the porch has become such a favorite sitting room in summer, every year new designs and materials are brought out for furnishing. The shops show a profusion of rustic birch bark furniture. Some pieces are heavy and awkward, but there are a number of pretty chairs and tables and even stools.

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If a small bag of spice is placed in the kettle when making apple or crab-apple jelly the flavor will be much improved, and it varies the jelly without effort. A few leaves of sweet geranium thrown into the jelly also gives a delicious flavor.

It is very important that all green salads, such as lettuce, cabbage, celery, chicory, or cress, should be thoroughly cleaned and looked over carefully. In the stems and under the curled up leaves small bugs are frequently found. Water cress especially should have great care, for in the leaves small snails are hidden.

A delightful way to serve grapefruit is to pare it carefully, divide the sections, and from each of these remove the seeds and pith; thus the entire pulp and juice is kept. It should then be put in the refrigerator until very cold; add sugar and rum, and serve it in the glasses that come for this purpose, or it may be served in half of the peel. Maraschino cherries or sliced strawberries on top will give it the appearance of a very tempting and pretty dish. Grape juice, if preferred, may be used instead of rum.

Fudge.

Melt one tablespoonful of butter in the saucepan, add one-half cup milk and a cup and a half sugar. Stir until the sugar is dissolved, then add two squares unsweetened chocolate broken into small bits, or five tablespoonfuls prepared cocoa. Boil ten or twelve minutes, until it looks crumbly, and if a little is thrown into cold water it

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draws up into a globule, though not crisp like candy. Draw to one side of the stove, add a teaspoonful vanilla, beat until the mixture is creamy, then pour into a lightly buttered tin and mark in squares.

A couple of handfuls of sand or small pebbles put in the bottom of Chinese lanterns around the cup which holds the candle, will prevent the lantern from swaying, and very often keep it from catching fire.

An appetizing breakfast dish is prepared in the following manner: Fry thin slices of bacon a light brown, but not crisp. Place two strips of bacon on each slice of toast, lay in a pan, break over each slice of toast an egg, and bake for a few minutes.

A wire basket, known as a salad shaker, or drainer, is used to dry greens after they have been thoroughly washed. The leaves of lettuce often hold the water, even after a good shaking. Each leaf should be wiped off with a piece of cheesecloth. If not thoroughly dry, the dressing will not be evenly distributed.

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Carrots, turnips or onions cooked and rubbed through a sieve all make a delicious vegetable soufflé. Perhaps of them all an onion soufflé is the most popular. Melt one-fourth of a cupful of butter, add one-fourth of a cupful of flour, and stir until well blended; then pour on gradually, while stirring constantly, one-third of a cupful of cream and one-third of a cupful of water in which the onions were cooked. Bring to the boiling point and add one cupful of onion purée (onions boiled and rubbed through a sieve), the yolks of three eggs beaten until thick and lemon colored, and salt and pepper to taste; then cut and fold in the whites of three eggs beaten until stiff. Turn into a buttered baking dish, bake in a slow oven until firm (the time required being about twenty-five minutes), and serve immediately. Garnish with a sprig of parsley.

Cocoanut Cream Candy.

Melt two tablespoonfuls butter in a saucepan, add one-half cup milk and a cup and a half sugar. Heat to the boiling point, and cook twelve minutes, taking care that it does not burn. Push back on the stove, add one-third cup shredded cocoanut and a half tea-

spoonful vanilla. Beat until the mixture is creamy, pour into a buttered pan, cool and mark into squares.

Many commuters, according to *Suburban Life*, find that the easiest and cheapest way in which to purchase their meats is to have a market basket which may be shipped by express direct from the large market in the city. Meats, as a rule, may be purchased at a saving of from 15 to 25 per cent., and the express on a basket is not heavy enough so as to make any appreciable difference in the amount which may thus be saved. The express companies return these baskets to the dealers free of charge, so that if the commuter has his meat sent out from the market two or three times a week, the expense will not be at all heavy. Those men who are doing business in the neighborhood of the market may visit it in the early morning and select such cuts of meat as they desire, and these will be sent out on an early morning train so as to reach their homes on the same day. Time and trouble may be saved, if one has a reliable dealer, by telephoning an order to him as soon as the commuter has arrived at his office desk; but, as a



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rule, personal selection is more satisfactory and cheaper in the end. An excellent scheme, which is often put into practice, is to have two or three families club together and have their meats or other provisions sent out in one large basket, and then divided between the families.

Stuffed potatoes with meat: Take uniform size potatoes and bake. When done, cut them into halves and scoop out the centres. Have ready cold cooked meat chopped fine and nicely seasoned. Fill the potatoes with the meat mixed with a little of the potato, dust the top with bread crumbs, put in the centre a piece of butter. Place the potatoes in a pan and bake until thoroughly hot.

If you have a pan or bottle of soured milk, let it stand until it is thick. Put tarnished silver forks, spoons and small pieces into a shallow pan and pour the milk over them. Let them remain in the milk half an hour or longer; then wash them and rejoice in their brightness.

Squash croquettes: These are usually made of left-over baked squash, or squash may be baked for the purpose. When tender, put through a vegetable press. To each pint allow a half cup of soft, fine bread crumbs, level table-

spoonful of butter, and season well. Mix thoroughly over the fire, and then turn out to cool. When cold form into croquettes, dip in beaten egg, roll in bread crumbs and fry in hot fat in a wire basket which comes for this purpose.

A delicious salad to serve with venison or any game is made by combining green peppers, tomatoes and Bermuda onions. Peel the onions and scald the skins off the tomatoes and set on the ice to chill. Chill also lettuce or romaine leaves. Just before serving cut onions, peppers and tomatoes in rings and lay them in alternating colors on the leaves. Pour over, at the last moment, chilled French dressing.

Stuffed sweet potatoes are recommended. Bake large potatoes, and when they are done cut a long slit down one side, scoop out the inside. Beat up with salt, pepper, butter and a tiny bit of lemon juice. Fill the potato shells and let brown before serving. This has been done with Irish potatoes for many years, but cooks are apparently just finding out how good the sweet potatoes are.

Tea is one of the foods which it will not do to keep in a glass fruit jar. Tea loses its strength in a strong light and probably deteriorates in a weak light.

Here is a club pudding: Mix the juice of four oranges and two lemons. Whip a pint of heavy cream and add to it a cupful of chopped walnut

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meats. Sweeten and flavor and mix with the fruit juice. Fill a mould with the mixture and pack in salt and ice for at least four hours.

A few cranberries cut in halves add to the appearance of apple and celery salad. Only a few cranberries should be used, for they are very sour.

Grape fruit for salad is better if broken into small pieces instead of the usual sections. Combined with nuts and garnished with watercress, it is very good. This may be served in the half skins, if the salad is to be a separate course.

Parsnips often are served as one of the vegetables at a boiled dinner plain boiled, or are occasionally served with a drawn-butter sauce, but it seems to me they are at their best in parsnip fritters or as fried parsnips.

For parsnip fritters, wash parsnips, and cook forty-five minutes in boiling salted water to cover. Drain, and plunge into cold water, when the skins

will be found to slip off easily. Mash, season with butter, salt and pepper, and shape in small, circular flat cakes. Roll in flour, and sauté in butter.

For fried parsnips, wash and boil parsnips, rub off the skins, and cut lengthwise in slices one-fourth of an inch thick. Sprinkle with salt, dredge with flour, and sauté in butter until brown.

There are two ways of baking winter squash, in either of which the vegetable is cut in two-inch squares, the seed and stringy portions removed, and the pieces arranged in a dripping pan.

For the Berkshire baked winter squash, sprinkle the squares with salt and pepper and allow one-half teaspoonful of molasses and one teaspoonful of melted butter to each one. Bake fifty minutes or until soft in a moderate oven, keeping covered the first thirty minutes of the cooking. Serve in the shell.

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DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

For baked winter squash with cheese, bake the squares until soft, and six minutes before the squash is done sprinkle with salt and grated soft mild cheese. This, too, is to be served in the shell.

Turnips served in the form of turnip croquettes are delicious with poultry. Wash turnips, pare, and cut in pieces or slices. Steam until tender, and mash, pressing out all the water that is possible. The last of the water is best gotten rid of by wringing the vegetable in cheese cloth. Season one and one-fourth cupfuls of mashed turnip with salt and pepper, and add the yolks of two eggs slightly beaten. Cool, shape in small croquettes, dip in crumbs, egg, and crumbs again, fry in deep fat, and drain.

The kettle of fat which is used for frying purposes should be frequently clarified. I feel sure that some of my readers may be young housekeepers who do not understand this process, so add a few words of explanation. Melt the fat, add two small raw potatoes cut in one-fourth inch slices, and allow the fat to heat gradually. When the fat ceases to bubble and the potatoes are well browned strain through a double thickness of cheese cloth, placed over a wire strainer, into a pan. The potato absorbs any odors or gases and collects to itself some of the sediment, the remainder settling to the bottom of the kettle.

There are very many vegetables that are improved by the addition of a white sauce, and turnips are in this class. Turnips and carrots make an unusual combination when cut in small cubes, boiled, drained, and served in white sauce.

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For creamed turnips, wash and pare turnips, cut in half-inch slices, and slices in half-inch cubes; there should be three cupfuls. Cook in boiling salted water twenty-five minutes or until soft. Drain, and add the following sauce: Melt two and one-half table-spoonfuls of butter, add two table-spoonfuls of flour, and stir until well blended; then pour on gradually, while stirring constantly, one cupful of milk. Bring to the boiling point, and season with one-fourth of a tea-spoonful of salt and a few grains of pepper.

There is no better utensil than a wire whisk for the making of sauces, and in my opinion it should be found in every kitchen. It is well worth more than twice the ten cents that one expends for it, and at the present time I think it may be found in almost any store or department that deals in kitchen furnishings.

Curried potatoes have been popular for a long time, and curried vegetables are destined to become so if the following recipe meets with the approval which its worth demands. Cook one cupful each of potatoes and carrots and one-half cupful of turnip, cut in half-

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

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Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
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"How Can I Cure My Catarrh?" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

THE CONTEMPORARY PUBLISHING CO., 5 BEEKMAN ST., NEW YORK.

inch cubes or fancy shapes, in boiling salted water until soft. Drain, add one-half cupful of canned peas, and pour over the following sauce: Melt two tablespoonfuls of butter, add two slices of onion, and let cook five minutes, taking care that the mixture does not burn. Remove the onion and add to the butter two tablespoonfuls of flour, three-fourths of a teaspoonful of salt, one-half teaspoonful of curry powder, one-fourth of a teaspoonful of pepper and a few grains of celery salt. Stir until thoroughly blended, then pour on gradually, while stirring constantly, one cupful of milk, and bring to the boiling point.

A vegetable soup when properly and carefully made is very delicious. The recipe that I present to you is the very best one that has ever reached me. Wash and scrape a small carrot, and cut in quarters lengthwise; cut quarters in thirds lengthwise, and cut strips thus made in thin slices crosswise. Wash and pare half a turnip, and cut and slice same as carrot. Wash, pare, and cut potatoes in small pieces. Wash and scrape celery, and cut in one-fourth inch pieces. After the vegetables have been prepared measure, taking one-third of a cupful of carrot, one-third of a cupful of turnip, one-half cupful of celery and one and one-half cupfuls of potato. Cut half an onion in thin slices. Mix vegetables, except potatoes, and cook ten minutes in four tablespoonfuls of butter, stirring constantly. Add potatoes, cover, and cook two minutes; add four cupfuls of water, bring to the boiling point, and let simmer one hour. Beat with a spoon or a fork, so as to break the vegetables. Add one tablespoonful of butter, one-half tablespoonful of finely chopped parsley, and season with salt and pepper.

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The Typewriter in the Nursery.

I have discovered it. Parents anxious to know the best method of teaching their little ones to read print will be eager to hear what "it" is—a typewriter. That's all; but if you can let your child have access to one, with reasonable patience and hints of instruction, you will be surprised, as I was, how much and how soon letters and words and sentences are acquired by the bright mind.

You mustn't remove the idea that it is play. Impress the children that this is a great privilege which they must not abuse. At first I was loath to let them "just try it" as they entreated; but when I had done so and taught them a few simple things in connection, I was agreeably surprised to dis-

cover how valuable an adjunct I had in the acquisition of knowledge.

No child will remain long "unlettered" if given access to a typewriting machine. A second-hand one is good enough. It is an educational force which cannot be ignored, once we have appreciated its help. I suppose not many parents will feel disposed to purchase one for the child's exclusive use—though it would pay them well to do so, in my opinion—but I do think that kindergartens, private and public schools for little ones will yet adopt it for the purpose above set forth.

M. D.

Text-Books for Disciplinarians.

If your well-intentioned correspondents who are always writing about "strict obedience," "the necessity of obedience," and so on, would read Locke on "Education," which is short; or better still, Herbert Spencer on "Education" (not so short), they would get some new ideas, or at least find out what foolish ideas they really have.

It is as stupid to order a child to do anything as it is to punish him for not doing it. You know it makes you feel like a brute—unless you are one.

If you know no better, of course command and whack; but do not flatter yourself that your laziness is kindness and your selfishness wisdom, or that you love instruction when you do not even read the great books on your own subject.

—*A Papa who reads BABYHOOD.*

Condensed Replies.

R., Lancaster, Pa.—Your proportion is right as it is, it seems to us. The temperature should be about blood

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heat, 95 to 100 degrees. The milk should be given slightly warmed for some time yet, and for a long time, if it has been kept in ice, it should have "the chill taken off."

S. R., Ashland, Ky.—While we cannot prescribe for you or your child we offer a few hints. If the child is so very well nourished, as stated, the natural first thought is that the nausea and curdy stools may be due either to too great a quantity or too rich a quality (in albumenoids) of the milk. We think we have before commented on the fact that frequent suckling (for milking, in animals) changes the quality of milk, which as a result becomes indigestible although nutritious, making it, as has been said by another, similar to condensed milk. Careful analysis of the breast milk may reveal an error in the constitution of the milk, and sometimes this can be changed by correction of the diet and habits of the mother. As to whether or not there is anything out of the way in this direction with you, or whether you need the building up you ask for, your physician can judge at sight, but BABYHOOD cannot offer an opinion.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

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Nursery Problems.

No Change Necessary.

To the Editor of BABYHOOD:

What would you do with a baby, now in his second summer (sixteen months), who persistently refuses to eat anything from a spoon, and who vomits eggs when they are given him? Should he not be allowed to stay on his bottle and plain milk diet, to which Mellin's Food has been added, until he has passed his second summer?

He takes, when in good health, 34 ounces of undiluted milk in the twenty hours, and 8 ounces cream, in all 42 ounces, not to mention the Mellin's Food. Is he sufficiently nourished?

AN ANXIOUS MOTHER.

By all means let him stay on his bottle rather than have any derangement of his stomach. He is rather young anyhow for solid food, unless it is bread and butter, and we do not usually think well of eggs as early as sixteen months. In the autumn he can be taught to eat.

He certainly has food enough, and would have even if the cream were replaced by the same bulk of milk. The question of nourishment depends upon how he digests this food, but, as we have said, a very ample quantity is given him.

Time Suitable for Weaning.

To the Editor of BABYHOOD:

Will you kindly advise me about my little boy? He is nearly three months old, weighs about 12 pounds (more than double his weight at birth), gaining now from 8 to 10 ounces a week, and is rarely cross. He vomits, not after each nursing, perhaps twice a day, and not always directly after his meal. On rare occasions, when I was away from home too long, he was given some food, which agreed nicely with him, as far as I could tell; otherwise I have nursed him entirely, having a copious flow of apparently good milk. Before and during pregnancy I was troubled with malarial congestion of the spleen, suffering very much at times, and since Baby's birth I have had three comparatively light attacks. I never have any other malarial symptoms, but my menses returned when Baby was four weeks old and recur regularly.

(1) Am I justified in continuing to nurse him?

(2) If so, would you advise any addition to the breast milk, and should that be Nestlé's Food? We used sterilized milk once, but he seemed not to like it.

(3) How often, and at what intervals, ought he to be fed now? I have only recently lengthened the interval from two to two and one-half hours, nursing him at

midnight, at 3, 7, 9:30 a. m., noon, and 3, 5:30 and 8 p. m.

(4) When ought I to wean him, if not now, and what ought his food to consist of, in that case?

C. M. S.

(1) When a child thrives on the milk the return of the menses does not demand weaning, but the child should then be more than ordinarily carefully watched to be sure that it is thriving.

(2) Nestlé's food often agrees very well and there is no objection to trying it.

(3) From three months to ten or twelve months three-hour intervals are usually about right. The child is getting very frequent sucklings, eight in a day. After three months six are usually enough, certainly enough after six months; and one of these may be thrown off by ten months. The amount at one feeding may be increased gradually, say 3 or 4 ounces at three months, six ounces at six months, eight ounces at nine or ten months.

(4) If the milk holds out he should nurse until he is from ten to twelve months old. When the heat is gone, say October, is a good time for weaning. If he needs partial feeding now or at any time, that is partial weaning, and the complete weaning is accomplished by increasing (gradually or suddenly, as circumstances demand) the number of meals of artificial food. This food may be the Nestlé if you are using it or a preparation of milk. If you are able to nurse until cool weather, when he will be nearly a year old, he can probably bear milk but little diluted and very soon pure milk.

Milk Disagreeing.

To the Editor of BABYHOOD:

(1) Does it occur very often that all kinds of milk disagree with a baby? I was able to nurse my little boy only a fortnight; then he had sterilized goat's milk, on which he did not thrive. The doctor advised cow's milk diluted to the formula of Prof. Escherich, but neither did it agree with him. I tried goat's milk again, and then again cow's milk, but always with the same result. For a while all went well, but then the milk became sour and curdy. Neither the doctor nor I ever thought of seeking the cause of this in the milk itself. As the disturbances of the bowels always occurred with an attack of fever, the doctor ascribed it to a stomach catarrh. He never saw the baby, for I lived far from the city.

At six months my little boy proved to have malaria in a high degree, and the digestion was badly disturbed by it. Then the idea occurred to me that the child, having always lived in the neighborhood of my husband's irrigation works, might have been suffering from malaria all his life.

To afford him a thorough change of climate, I undertook with him a long journey to the other end of our isle and deep in the mountains. The doctor, with whom I still corresponded, advised me to give the baby "*farine lactée*" till I was able to get good cow's milk, and to consult a good physician whenever I had the occasion. The physician I consulted in the next large city I passed, found the child very weak and anæmic. He said a wet nurse would be best for him, next best a good cow, and in the third place *farine lactée*; but to that food I had to add Kemmerich's fluid pepton, the child being so greatly exhausted.

As soon as we had reached the place of our destination, the child, worried by fatigue and exceeding heat, fell suddenly so ill that I feared for his life. Within the space of thirty-six hours he lost all the little bit of flesh his malaria had left him, and one could literally count his bones. I sent for the physician in the next little city, who judged the child deadly weak, and said he could only be saved by very nour-

ishing food, for instance, beef juice, whites of eggs, wine from the Cape, and, as soon as the bowels were quite right, undiluted cow's milk besides all this. The baby overcame the crisis in a few days, the malaria disappeared, and after a short period of nearly constant sleeping, came one of real voraciousness. He would have killed himself by eating, if I had let him. I slowly increased his portions, and having not yet found a cow, added farine lactée instead of milk. He gained visibly, became fresh and rosy, not exactly fat, but strong, and gradually his flesh became hard. All this occurred between his seventh and eighth months.

At last a cow was found. I supposed that the child, being older and quite well, and living in a cool climate, would now digest milk diluted with one-third of water. But no; after ten days of milk diet, the stools caused heavy redness. Immediately I ceased giving milk. The redness gone, I tried again; but now the same trouble occurred after two days. I tried two milk meals a day—in vain; even in this small quantity milk was not well digested. At last I tried two meals of condensed milk, but it did not do either. So I sent back the cow to her owner and resolved to stay with farine lactée.

The child is now nine and a half months of age and gets six meals in 24 hours. Four of them are composed of two heaped teaspoonfuls of farine lactée and 5 grams of pepton in 200 grams of water each; the two others each of five biscuits, the white of one egg and a tablespoonful of *Constantia* wine in 200 grams of water.

On this diet he thrives splendidly. He never vomits, has two perfectly digested stools a day, sleeps soundly from 6 till 6, and takes two naps during the day. In less than two months he has become, from a living skeleton, a splendid baby, not exceedingly fat, large or heavy, but fresh, rosy, firm, gay; and strong enough to raise himself up at a chair. Teeth he has none, but my two elder children, too, got teeth at ten months only.

(2) What does *BABYHOOD* say to this diet in this particular case?

(3) Does it think milk will agree with my baby when a little older, especially when I can afford him milk of a European cow, that of our Javanese cows being exceedingly fat?

(4) And if milk proves always to disagree with him, what shall I give him when he has outgrown the farine lactée period? An answer will be gratefully received by

A DUTCH MOTHER OF JAVA.

(1) It is not often that milk entirely disagrees. Often milk must be much diluted, sometimes so mixed that the milk is only a part of a food. But the cases in which milk entirely disagrees are very few indeed.

(2) We think that it should be continued. It is agreeing and your other various attempts have failed. There is always a reason for success or failure, but when the reason is not recognizable the only guide is pure empiricism.

(3) He may be a child who cannot digest easily, in which case it may be necessary to largely dilute the milk; but we should not persist long if in spite of dilution the milk disagreed.

(4) Broths, gruels of arrowroot, rice with sweet butter, and a variety of such alteratives may be used. For older children where milk did not agree well we have sometimes found a pudding or porridge made of the same to agree and be acceptable. As his digestion gains strength he will probably be able to use milk in some amount.

Learning to Sit Upright.

To the Editor of *BABYHOOD*:

At what age may a baby be taught to sit up in a high chair or carriage? M. C.

The age at which a child may sit up varies a little with its strength

and development. Only exceptionally should a child be *taught* to do it, because, as a rule, a child of ordinary intelligence manifests its ability to sit up by trying to do so. If he is reluctant to sit up it will be usually because he is not comfortable in so doing. After he shows some desire to sit up he may be bolstered up in his carriage. We would not put a child into a high chair until he shows that he can sit up comfortably on the floor, or some safe place.

Constipation.

To the Editor of BABYHOOD:

My baby is eighteen months old, a specimen of perfect health, with one exception: she is constipated to an extreme. Her food is still the same upon which she has been brought up, Horlick's, with one meal, in the middle of the day, of oatmeal, a little thicker than gruel, and strained, eaten with a very little sugar, milk, and a teaspoonful of lime-water. She has twelve teeth, stomach and eye teeth still to come. She has had but two ill days in her life, both occasioned by attempts to give her broth—our doctor thinks she is not quite ready for animal food. She is now kept in perfect order by a small dose of castoria given every night—not more than half a teaspoonful—I tried glycerine suppositories, but the fæces were so hard that she screamed with pain at every discharge, and often they were streaked with blood. Giving them seems to terrify her, and altogether the result was not sufficiently good to continue their use. I hoped that a few weeks of castoria would regulate her, but I find it necessary to continue dosing her. Will you tell me if this is injurious, and if I can regulate her by changing the diet, and when and how I should give her more solid food? I have been anxious not to change her food (she is otherwise so perfectly well and thriving) until the teeth were all through, but I fear she is becoming too dependent upon having the bowels

assisted. Oatmeal seems to have no effect, and I presume no other grain is likely to be more effectual. I shall be grateful for advice. She is an unusually intelligent child, her mind being very active.

A FRIEND OF BABYHOOD.

Inasmuch as the complete set of teeth are not likely to come before the child is two-and-a-half years old, it will be difficult to keep her on the present diet until that time. Nor is it desirable to continue the use of a drug habitually. You say that oatmeal is ineffectual. Have you tried it unstrained? No great laxative effect can be expected from the strained preparations. Of the ready-made foods we have found Mellin's to be usually laxative. In case of need we sometimes allow the pulp of stewed apple (apple sauce) or the pulp (carefully freed from the skin) of stewed prunes; but try ordinary foods first. Besides the thicker oatmeal and the Mellin's food, we may mention well buttered bread, the child being taught to chew it. Graham bread or Graham crackers or "educators" may be thus used after she has learned to chew. All these, which are usually proper foods at her age, tend to overcome the constipation due to too exclusive diet. Uncooked milk also may and probably will be useful as a diet, as it is less constipating than cooked milk, and at her age it needs only warming to blood heat.

Taking Cold Easily.

To the Editor of BABYHOOD:

(1) My baby, nearly two years old, takes cold very easily. I never know how. She perspires easily. When asleep with only a little covering her head will very soon be wet. Her feet, too, perspire easily; in

fact, her stockings are almost always damp and her feet often cold. Of course I know she needs some constitutional remedy for this and I do use something when she isn't taking other medicine for a cold, but is there anything I can do locally?

(2) How long should she stay in her bath? She loves to play in the water and I want to give her the pleasure as long as I can.
MOTHER.

(1) The two symptoms mentioned, sweating of the head and easy taking cold, are suggestive of that form of malnutrition known as rachitis or rickets. If this exists, the remedy lies in nutritious and digestible food, cool sponging of the skin and whatever else goes to make up sound hygiene. Sometimes tonics are needed. But the preventing of the colds by proper hygiene is far better than dosing for them.

(2) Not long, we think. A good way to bathe her is to have her stand in a tub with enough warm (not hot) water to cover her feet, while she is quickly sponged over with water of the temperature of 60 degrees or cooler.

Club Foot.

To the Editor of BABYHOOD:

What is the cause of club feet? Is it probable that surgical treatment will materially benefit a child so deformed?

M. V. W.

The causes of club foot lie in peculiarities of ante-natal development. It is quite beyond our scope to discuss the theories advanced as to the nature of these peculiarities, because these theories have little practical bearing upon the treatment of the cases, and none whatever upon your second question. Good treatment has

a most decided benefit upon club foot. Perfect cure often results. If such treatment is within your reach it would be very wrong not to avail yourself of it.

Condensed Replies.

M. N. T., *Philadelphia*.—(1) The constipation, even in the degree you describe, is not rare. The fact that the child would soil her napkin in sleep if not attended to shows that the trouble is not very severe. But you should bear in mind that the constipation of infants is very commonly dependent upon the anatomical fact that the large bowel is at that age different from that of adults or older children. If the habit of a daily evacuation is kept up, the constipation disappears of itself with the anatomical changes after the child is old enough to safely take a more varied diet. Your child is slow in teething and rather slow in walking, but until the coming teeth are through there is no need to hurry her walking, nor at any time for that matter. We think it doubtful if a more decidedly laxative diet than you have given could be now borne.

(2) If the child does not seem, after the reappearance of your menses, to gain, supplementary food may be used. But it should be borne in mind that the delay in growth may be only during the actual presence of the flow. Therefore be sure that the retardation is real before using artificial food. Our preference in the matter of the food to be given with the breast would probably be, supposing the food to be needed at three or four months, one of

the modified milk preparations; for example, good top milk and oatmeal gruel equal parts, pasteurized at, say, 170° F. The proportion of the milk could be very gradually increased. The more elaborate milk foods of cream, milk, and sugar of milk which we have so often spoken of are still better if carefully prepared and adjusted to the needs of the child. Another very simple and good preparation is a pint of good whole milk mixed with a pint of water in which seven teaspoonfuls of milk sugar have been dissolved and the whole pasteurized in feeding bottles.

(3) It is better first to clear out the bowels, because, if the diarrhoea be due to indigestion, the trouble is likely to continue until the undigested matter is removed, or if due to cold the digestion is likely to be stopped and practically the same condition follows. A small dose of oil or a fair one of syrup of rhubarb will probably be enough. If this is done the need of restricted diet will be much shortened.

(4) We cannot tell you "exactly" how to cook the breakfast cereals because they vary so immensely in the required time. Some oatmeal, for instance, requires soaking and a long cooking, some of the better prepared ones, owing to previous steaming or other processes, need but little time, and so on. The main point is that the cereal chosen should be cooked thoroughly soft and not too dry, and if possible that it should be palatable, which last depends a great deal upon having a good and uniform quality of the particular cereal, and that the water in which it is boiled should be

properly seasoned. Seasoning cannot be done afterward. The same doubt will apply to the making of oatmeal gruels, owing to the uncertainty as to what oatmeal is to be used. The only object is to get into the water the flavor and the glutinous parts of the oatmeal, the solid parts being all strained out, and one meal gives the result quickly and another slowly. Until you get an oatmeal which you are sure of, a good plan is to take a heaping tablespoonful of well cooked porridge and boil it up in a pint of water and strain.

M. R. L.—We should advise you to consult a specialist or a good general practitioner, and learn at least how much injury has been done your ear, and whether the trouble can now be easily healed. It may be that a little treatment would cure you. As you do not mention the State in which you reside, we do not know whether you are within easy reach of special treatment or not.

R. D., Covington, Ky.—If the form of indigestion popularly called "getting the liver out of order" is present to any active degree, judicious medication need not be objected to, and you should not be concerned if your physician wishes to treat the child. This is not, however, meant to be taken as an endorsement of domestic attempts "to treat the liver."

F. O., St. Paul, Minn.—There is no particular time for "short-coating" a baby, except that at about a certain age the baby becomes so active with its legs that the change is forced upon the mother. In fact, there is no

reason why long clothes should ever be worn, except that it is (or, in the old days of cold houses, was) easier to keep the feet warm if covered with long clothes than if with a blanket. Short clothes tied at the bottom with tapes would do just as well, except for appearance, for a small child. But, really, the reason for long clothes is, first, and mainly, feminine taste; and secondly, the already mentioned somewhat greater facility with which the feet are kept covered. In your case we should unhesitatingly recommend changing with some care, adapting the material, of course, to the season.

R. A., Hartford, Wis.—Drooling is generally considered the earliest symptom of teething. It usually commences about the fourth month, and contemporaneously the mother begins her daily explorations of the baby's mouth in search of the first tooth, which does not, as a rule, appear until between the sixth and eighth month. That drooling is caused by an irritation of the nerves of the mouth by the growing teeth, is, we think, questionable. During the first year of life the digestive system is undergoing a rapid development for the time when solid food must be substituted for the maternal milk. The salivary glands, a part of this system, are in a state of physiological activity. They secrete large quantities of saliva which, owing to the nature of the infant's food—milk not requiring admixture with saliva—is not utilized in the economy, but flows from the mouth when the baby is in the erect posture. Drooling, then, should be looked upon

merely as an indication of a certain stage of physical development instead of a manifestation of difficult teething.

L., Pottstown, Pa.—The relief of an already acquired corn may be accomplished best by first paring, then applying to the surface a solution of salicylic acid, say one part to eight of water, and after a day or two scraping away any part that has been softened by the application, and repeating this latter until the corn is removed. The corn too may be protected from friction by means of a plaster with a hole of suitable size in it, the plaster being so applied that the hole falls immediately over the corn. For children's feet these plasters are best made extemporaneously from several layers of the ordinary adhesive plaster to be found at drug stores.

B. D., Steubenville, O.—The child probably has a slight conjunctivitis. Mother's milk is not a good application. Milk-and-water is of no value (except to quiet the mother's impatience while the eye gets well). Weak tea is an astringent lotion, but usually inadvisable. For domestic use, without medical advice, let no one persuade you to use anything but warm water. It is probable that a solution of boric acid, three to five grains to one ounce of water, would be beneficial, but there may be need of an astringent wash also. Therefore, we would advise you to show the little one to your physician, and it will in the end be cheaper than trying to treat the eye yourself.

W. E., Lawrence, Kan.—We cannot help thinking the colic may de-

pend upon the very frequent nursing. Such frequent drawing from the breasts usually alters the quality of the milk, making it thicker (that is richer in solid constituents) and more indigestible. We think that if you could manage to keep out of Baby's sight more, and to nurse him every three hours through the day and less often at night, he would improve in various ways. The habit of night nursing can only be broken by persistent refusal except at proper times, giving him water to drink if he wishes it. The best way is for the father or some one else to take the child for a few nights and to take it to the mother at agreed intervals.

F., Brunswick, Ga.—The administration of the drug to children is no easy matter. As is well known, it is extremely bitter. There is no method known by which its taste can be effectually disguised, that is, where a sufficient amount of the drug is employed to be of any service. The various preparations professing to contain a certain amount of quinine and still having a pleasant taste, are always open to suspicion. The alleged amount of quinine is not there. For older children, various expedients may be resorted to, as sugar or gelatine coated pills, capsules or wafers, all of which are perfectly tasteless. For infants and very young children, however, other means have to be devised. The best way to mask the bitterness of quinine is to give it in a mixture of licorice and syrup as prepared by the apothecary. The only trouble here is that a large quantity of the mixture will cover over the

taste of only a small amount of quinine. The best we can do in these cases is to repeat the dose more frequently.

L. V., Spokane, Wash.—If the repetition occurs at the beginning of sentences independent of the nature of the word, it is probably a stammering. (In the sentence given it might be repetition for emphasis in calling attention. Stammering sometimes occurs as the result or expression of some error of health.) It is well to uniformly check the child when starting, make her take a long breath and begin again, and to instruct the child to do this of her own motion.

W. A., Chicago, Ill.—We may say a few words about specific aerial poisons, viz.: those of the infectious, contagious diseases. Children should not be purposely exposed to these diseases. They will possibly contract some of them, sooner or later, in spite of all precautions. But do not invite the attack of these maladies. Measles, scarlet-fever, whooping-cough, diphtheria and smallpox, although sometimes mild, are often so severe as to directly imperil life, and leave sequels much to be deplored. How many otherwise healthy children are debarred from intercourse with their fellows by deafness, resulting from some eruptive fever. If one of these diseases invades a school attended by your children, keep them at home until the danger is past. If one of your children contracts a contagious disease, isolate him carefully from the other children, and summon competent medical aid.

N., Poughkeepsie, N. Y.—While the nourishment is from the breast only, it is not easy to change the quality of the food. When the milk can be carefully analyzed by a skillful chemist, if any error of composition is detected it may sometimes be corrected by changing the mother's food or habits. This is the best way, but practically the line of treatment in most cases has to be applied to the child's digestion. And this is beyond domestic practice, requiring quite a little attention to details on the part of the medical attendant, as they are rather complicated.

M. M., Hyde Park, Vt.—We much prefer the glycerine. First, because we always prefer a remedy the composition of which we know, to one of which we do not. Second, because we have known of several instances where the use of the article you name (and in one case every time it was used) was followed by the symptoms of belladonna poisoning. We do not know whether this drug or any of its derivatives are used in the mixture, but the result has occurred too many times to allow us to feel safe in its use, inasmuch as the effects of belladonna are very variable, according to the quality of the drug, and especially according to individual susceptibility.

S., Rhinelander, Wis.—Just how long a baby may cry without injuring itself no one knows. In point of fact babies are very rarely thus injured; occasionally a child who has a tendency to rupture may have the condition aggravated by crying.

P., Hiram, Me.—First of all see if his gums are not tender from a com-

ing tooth, or if possibly his throat is not sore. If there is no local trouble and you wish to continue the same mixture as before, there is nothing to do but to wait until he has overcome his disgust for the bottle. But if you change to another food, he may take it directly.

D. O., Southbridge, Mass.—No, your friends are not correct. The fact which they probably are in a blind way trying to state is, that if there is in the intestinal canal a lot of foul undigested matter it might produce a septic fever if left there. If it is purged away that kind of fever may be avoided. But the two conditions have no necessary relation, and if the digestion of a teething child is properly looked to probably neither the one nor the other will occur. It cannot be too often insisted upon that teething is a natural process, and that disturbances of one sort or another should not be considered as "natural," but be watched and corrected if important.

S. E., Cedar Falls, Iowa.—She takes in her three bottles about 18 ounces of liquid—milk and barley gruel, proportions not stated—besides some milk, perhaps 6 or 8 ounces in all, from a cup. This is certainly much slighter diet than most children of fourteen months would take.

D. R., Charleston, S. C.—An interval of two hours is very fair for a six weeks' child, but it should be presently increased to two and one-half by day, three hours by night, and each month again increased; by six months five nursings in twenty-four hours are usually enough.

Hysteria in Children

By a functional disease is meant one that does not affect the natural structure of organs, but relates solely to their office or action. The ancient view of hysteria was that it occurred only in women and was caused by derangement of the reproductive organs. The term hysteria indicates this idea of its origin. This view has long been abandoned and we now know the disease may not only occur in men, but that young children and infants of both sexes may present the affection in its typical form. In the young it is often passed unrecognized as such by parents and unfortunately by physicians as well. Some medical authors in writing of the disease include chorea, or St. Vitus' dance; epilepsy, catalepsy, etc., under the same head, as in some instances the affections appear so closely allied as to be practically indistinguishable from true hysterical manifestations. It is difficult to give a concise description of hysteria as occurring in childhood, since its symptoms are so variable, and often present such numerous transitions into, and combinations with, symptoms of other nervous disorders which properly belong in another category.

Causes.

The causes of juvenile hysteria may be classified under two heads, viz., predisposing and exciting. Heredity is one of the chief predisposing causes. The transmission of this disease from parent to child is recognized as being tolerably direct. Hys-

terical mothers are more than likely to have hysterical daughters unless some strong combating element is inherited from the father to offset the predisposition. It may or may not manifest itself until after puberty. The inherited nervous instability may not become distinctly hysterical until the child is brought in contact with some strong exciting cause, as an injury or fright, when an explosion at once occurs and the true nature of the malady is made evident. Again, hysteria proceeding from any cause may manifest itself as soon as the child is capable of being influenced for good or evil. Children of insane, epileptic, tubercular, alcoholic and choreaic parentage are especially liable to present the hysterical constitution. Sex is a predisposing cause of hysteria, girls being much more liable to the disease than boys, although it is by no means as uncommon in the latter as is usually supposed. Three well-marked cases in boys under ten years of age have recently come under my observation. Frequently the disease in boys passes under some other name, simply because they are boys.

Among some of the exciting causes, which are often predisposing as well, may be mentioned: Ill-health from any cause; improper food, air and clothing; bad management at school; improper moral training; sensational reading; injuries, sexual irritation and fright. Children debilitated from long-continued illness, with impure blood and weakened nervous system,

may easily be thrown into a state of hysterical excitement, as they have not sufficient physical or mental power to resist the impulse. Too much pampering, over feeding and indulgence often pave the way for the appearance of this disease. Since impulse and feeling play such an important role in the production of hysteria, children who have not been taught self-control and self-restraint often show the greatest variety of hysterical symptoms.

Our public school system furnishes an important cause of all forms of nervous breakdown in children. Almost from the very first entrance into the school, children are periodically subjected to the strain and nervous excitement incident to an examination. This being made the test of scholarship and advancement into higher grades, the result to the child's mind is of serious import. An unhealthy stimulus being brought to bear upon their tender and rapidly developing systems, without proper discretion as to temperaments and constitutions, many neurotic children who would otherwise do very well readily succumb to the unnatural strain. Headache, sleeplessness, loss of appetite and muscular twitchings are common phenomena with some children during examination time, if they are not actually followed by graver nervous symptoms. Physicians in towns and cities everywhere are familiar with cases of chorea, hysteria and other nervous affections which manifest themselves during or immediately after a school examination. We have known children to be

attacked with chorea during examination week, and to suffer for weeks with the disease, and, eventually recovering, to be re-attacked when subjected to the same strain.

Vulgar conversation and improper sights are sometimes exciting causes of hysteria. Parents should protect their children from bad associations and, as far as possible, carefully guard their practices.

A sudden fright caused by some senseless trick played upon a child by its companions has been followed by hysterical and epileptic convulsions, and even by death. Insanity has been induced in the same way. Instances of this kind can be recalled by many persons. Injuries in any part of the body, but more often about the head, not infrequently cause hysteria.

Symptoms.

For descriptive purposes, the symptoms of hysteria may be divided into two special classes: those characterized by either general or local convulsions, with complete or partial loss of consciousness, and those in which the emotional phenomena are the main features.

Under the first head may be included muscular spasms, muscular twitchings, paralysis and tremblings. The symptoms are often complex and elaborate, corresponding to some extent to the amount of intellectual development of the child. Many children practice deception in regard to their symptoms to such an extent that it is difficult to separate the real from the sham. One writer on this subject relates the case of a child eighteen

months old who suddenly developed complete paralysis in one arm, the little member hanging helpless at its side. In a few days the other arm became affected in the same manner. The child was quickly cured by placing within its reach bright balls of woolen yarn toward which it immediately stretched out both arms, and began playing as though nothing had happened.

The onset of a hysterical seizure is occasionally preceded by headache and dizziness, which gradually increase in severity until the child passes into a state of partial or complete unconsciousness. Oftentimes the head is hot, the face flushed, and there is low, muttering delirium. This condition may rapidly subside, the child regaining its natural appearance and usual health. When there is sudden loss of consciousness with muscular twitching, a true epileptic convulsion is always to be thought of. Children are sometimes found at night sitting up in bed, with the face pale and a peculiar fixed stare in the wide-open eyes, apparently wholly unconscious of their surroundings, and no amount of effort can gain their attention. After a time they will lie down and immediately fall asleep. Such attacks may occur during the day while children are at play; and when they are restored they have no recollection of what has passed, and, with the exception of being rather listless and languid, they appear natural.

Spasms of muscles in different regions of the body are often observed, as twitching of the eyelids, nose and

facial contortions. The muscles which control the vocal organs may show spasmodic action, or they may be completely or partially paralyzed. In the latter case the efforts at crying are without sound, and speech is impossible. When there are spasms of these muscles, the child may emit peculiar sounds like the bark of a dog or the roar of a wild animal. Occasionally there will be a purring or clicking sound during either inspiration or expiration.

Hysterical children are often lame, and they complain of pain and soreness about the knee or ankle joint. Contractions of certain muscles may take place, and the limb becomes partially flexed. This condition may remain for only a short time, or it may continue for months, when it suddenly disappears, to again manifest itself during some future attack.

Hysterical insanity may occur in very young children. The symptoms are usually those of acute mania, often passing into a state of melancholia with efforts at self-destruction. When hysteria has been induced by an injury, the child frequently complains of pain at the site of injury or in the scar. A child on meeting opposition to its will may be thrown into a state of hysterical crying, screaming and kicking, during which time it may be violent and destructive, tearing its clothing, biting its mother, nurse or self, and attempting to break everything in its reach. Efforts to calm and pacify it only aggravate the fury; but as soon as it observes that its violent manifestations are attracting no attention it speedily recovers. A fit of

the "tantrums" is familiar to persons who have had much experience with children. Such attacks may occur in young babies as soon as they begin to develop a will of their own. The violence of the seizure may be such as to bring on an alarming convulsion. The sight of a baby frantically tossing about on the floor or bed, kicking, screaming and throwing its body into all sorts of violent contortions is common. Severe nervous tremblings often ensue as the violence of the attack begins to subside, which may continue for an indefinite time. This symptom is generally alarming to the mother, as it always suggests the possibility of the appearance of a true convulsion. These manifestations are hysterical in nature, and should be so recognized by parents.

Hysteria induced by mimicry usually presents about the same array of symptoms which the child has witnessed in others afflicted with the disease; varied, of course, according to its own peculiar fancies. Epidemics of hysteria, as of chorea, or St. Vitus' dance, have been observed in schools and children's hospitals. Sensitive and highly impressionable children who witness such seizures may become speedily attacked themselves. The influence of the imagination in the production of nervous diseases is not confined to children. We once knew an old hospital nurse who, while caring for a patient suffering from general chorea, found one arm jerking when attempting to perform any light task to such an extent that for a time she would be obliged to desist from the undertaking. On being re-

leased from the care of this patient, she soon found herself able to laugh at her weakness.

Treatment.

There is no disease which appears in the nursery that requires such judicious management and the exercise of such wise wisdom, if we may so speak, as hysterical affections. We do not refer to drugs, but to moral treatment. The disease is one that in the great majority of cases is susceptible of cure without any administration of drugs whatever. The influence of proper discipline, moral training and good example is many times the only treatment required to stamp out the hysterical vagaries of nervous children. If these can be brought to bear upon them while young the cure is generally permanent, and they grow up useful members of society. These influences withheld, they become erratic, perverse, lacking stability of purpose, and are a source of constant anxiety to parents and friends. It is an unfortunate fact that the natural guardians of these children are frequently the very worst persons who could possibly have them in charge. Possessed of the hysterical temperament themselves, and without efficient methods of government, their influence is at all times bad and operates to hinder a cure that might be easily effected under more advantageous circumstances. It is frequently necessary to remove children entirely from parents and home surroundings and place them in care of a competent person who will wisely encourage self-control in these little weaklings by keep-

ing them interested in things outside instead of inside their bodies. Allowing a child to dwell upon its real or fancied ailments is frequently the only stimulus needed to keep the disease active. The nurse should patiently search for attractions of sufficient interest to hold the mind of the child continually outside of himself. If this can be accomplished, as it nearly always can, it will often bring about a speedy and permanent cure.

But there are certain physical conditions that require medicinal remedies and the enforcement of strict hygienic rules. Hysterical children should be given every possible opportunity for outdoor exercise. Infants should be given regular outings in suitable weather, and older children encouraged to take an active part in the usual sports of childhood. Puny, poorly nourished children should receive good, wholesome food and plenty of it; while the robust, plethoric and over-fed child should be carefully guarded against excesses at the table. Tonics are useful for those who require a thorough building up of the system; and in this connection cod liver oil, malt and tincture of iron, with Fowler's solution, may be mentioned as proper drugs to aid in improving the nutrition of the body. Sedatives are frequently necessary to

control a paroxysm and induce sleep. For this purpose the physician will doubtless prescribe bromide of potassium, chloral, sulfonal or a mild opiate.

As a direct stimulus to the nerves, massage, baths, gymnastics and electricity, carefully administered, are exceedingly gratifying in their results. In the treatment of hysterical joint affections, these aids are especially serviceable, and should not under ordinary circumstances be dispensed with.

Children who receive too much care and petting would often attain greater nervous stability if given less attention and sympathy. Sensational reading, ghost stories, and everything calculated to stimulate the emotions and imagination, should as far as possible be prohibited. Protect all little children from horrifying sights, as the viewing of corpses, or the contortions of a person during a fit. These things often strongly affect an adult, and the young are profoundly impressed by them. As regards punishment, there is no doubt that in cases of hysteria where deception and mimicry play an important part in the manifestations, well-administered punishment, or merely a threat of it, will suffice to arrest the symptoms. Parents, however, should first consult a physician, lest a grievous mistake be made.



Mouth-Breathing of Childhood: Its Cause and Results

No portion of the body performs so vital a part as does that through which passes the air we breathe, that wonderful function upon which our life absolutely depends, the loss of which, even for a few short moments, means death, and whose impairment is followed by ultimate injury to the physical and even mental welfare of the individual.

Although the last statement is true of the adult, it applies to the child with much more force. Anything which affects the proper and correct breathing of the young should be regarded as one of the gravest misfortunes that can befall early childhood. The question of its existence, the cause and probable results, should seriously concern every mother in the land.

Mouth-Breathing.

Many parts in Nature serve two or more purposes. The nasal cavity serves for an air and voice passage, the mouth cavity for a food and voice passage and not for breathing. The nasal passage is about the same size as the mouth passage, although many persons, judging entirely from the apertures leading to each, imagine the nasal passage to be much the smaller.

The primary function of the nostrils is breathing, and Nature has so lined the nasal passages with little sieves so as to prevent particles of impurity from passing to the throat and lungs. Poisons, when taken from the

air through the lips, can be detected only when they are strong enough to be tasted. If taken through the nostrils, Nature provides an alarm in the sense of smell, and the particles thus inhaled are thrown out by sneezing.

As the breath in passing from the nose into the windpipe must go through the upper pharynx, any stoppage of the latter will prevent the natural process of breathing. Instead of drawing the air through the nose, the child becomes a "mouth-breather." Now this is most harmful, for, naturally, as the air passes through the nose, it is especially prepared for its reception by the lungs by being warmed, moistened, and, to some extent, sifted of the foreign particles which are apt to be found floating in it. Inhaled through the mouth, it is irritating to the lungs. Moreover, the nose itself from disuse is improperly developed, and becomes filled up with polypoid growths and adenoid tumors, just as an unused footpath or roadway will grow up with bushes and brambles. Hence, for this and many other reasons, mouth-breathing is highly injurious.

Correct Breathing.

Not only is it essential to have fresh air, but it is quite as essential to health to know how to use it, or breathe it. We all naturally breathe, but we do not all breathe naturally—that is, as Nature intended. We should all take, generally, but seven-

teen to twenty inhalations in a minute; but the majority of people, not breathing sufficiently deep, take about thirty inhalations a minute. Next to the skin in its contact with the outside world, there is nothing so important as breathing and the nose and lungs with their office work, as related to the maintenance of health. We are so constituted that the blood, which is the vehicle of life, in its circulation through the system, must be spread out, as it were, in sheets over surfaces against which air is let in, so that it may receive oxygen from the air and give up carbonic acid gas and particles of organic matter which the system must get rid of by the same means.

As air, with its oxygen, is the only mixture of gases fitted for this purpose, it must have free access to the organs in which the chief apparatus for *aërating* the blood is located. This consists of two organs known as the lungs. They are situated within the ribs, on each side of the median line of the body. They are formed so as to present, in the smallest space, a very extensive surface to the air. A sheet of air is thus spread alongside of a sheet of blood, with a membrane between so thin that oxygen, carbonic acid, and other ingredients interchange freely.

Breathing is the process by which pure air is drawn from the outer world into the trachea, or windpipe, through the nose. Entering these minute air-cells, it gives up its oxygen to the capillary circulation and receives in its stead carbonic acid gas, watery vapor and gases or decayable organic matter that can thus escape by expiration. The act of respiration is accomplished

by the elasticity of the lungs and the mechanical arrangement of the thorax, or chest, in which they are contained. The elastic tissue of the air-cells is distended when the lungs are full, and then quickly contracts upon the air sufficiently to aid in expiration. The contractile power of the muscular walls of the bronchial tubes and the cilia, or hair-like plush upon the inner lining of these tubes, co-operates with the expulsive movement of the air-cells to remove the air and any liquids or solids. The contractile and ciliary movements aid to remove all undue secretion, and is an additional aid in coughing and sneezing where the irritation is too great. Physicians, and those who closely study returns as to the cause of death, aver that fully one-half of those who die between five and sixty years of age die from impure air or affections of the breathing apparatus.

Having defined pure air, and the relations of the respiratory functions thereto, and how they are to be kept in working order, we are to pass next to notice how we are to protect them from impure air by correct breathing. If this be not done to a reasonable extent no increase of capacity, and no riddance of undue pressure, will prepare them to receive a form of *aërial* supply for which they were never adapted or intended.

First of all in the great open or upper air passages we sometimes need to guard them against certain dangers that may arise. It is to be remembered that the nose, which has no muscular apparatus to close it, is the extension of the trachea or windpipe, and is the natural aperture for the inflowing air.

It is true that the mouth is accessory, and in running or violent exercise is available just as are other parts of the body, which are foreign to the essential act of breathing. Yet the gymnast and athlete in all their work are properly taught to breathe through the nostrils. It is against all physiological law to practice clavicular breathing, that is, upper chest breathing instead of diaphragmatic. We will pause, however, to speak of the matter of breathing as regards the mucous membrane lining, the nose and throat, etc.

The nose is admirably arranged by its divided and complicated passages, its hairs, secretions and membrane, and its mode of jointure with the larynx, for straining and warming the air, for which purposes the mouth has no arrangement. Bronchial irritation and other lung disturbances frequently happen from undue use of the mouth in the open air, from the habit of breathing through it, or of sleeping with it open.

We do not believe in the necessity of any one having catarrh, sore throat or lung troubles. Correct breathing will have much to do with preventing and correcting those difficulties. Therefore, do not breathe through the mouth; the nostrils are the proper channels. The dog is the only animal that possesses this right, and he holds a license from Nature. The dog is given the use of the tongue, with its unnumbered pores, to serve the same purpose as the pores of the skin with us; that is, an aid to respiration.

In order to keep this membrane healthy, you must have fresh air in the proper way; that is, through the nostrils. If you are unfortunate

enough to get the "snuffles," the forerunner of a cold in the head, take a brisk walk in the open air, and persistently breathe through your nostrils. Do not let a little thing like that master you. If you are inclined to catarrh, sore throat, elongated uvula, swollen tonsils, etc., we will assure you that if you keep your mouth shut and follow our instructions, you will preserve a healthful condition of the throat, nasal, and even internal ear passages.

The mucous membrane of the pharynx is congenial soil to disease, hence another reason for taking the breath through the nostrils, especially by young children. Diphtheria and contagious diseases of the throat may be carried directly to the pharynx and lodged in this delicate membrane, soon developing into the worst forms of throat disease. The lining is to the throat what the skin is to the body, and should therefore be kept in a perfectly healthy condition.

Many persons muffle the outside of the throat with the greatest caution and leave the inside wholly unprotected or exposed by keeping the mouth open and taking the breath through it, and the next day wonder how it is possible to have such a cold after taking such extraordinary care. The outside of the throat needs no more protection in winter than in summer.

You should be able to baffle catarrh, sore throat and all kindred affections. We would like to say to all men, women and children, shut your mouths! We should send forth this caution, not as an impudent demand, but as good hygienic advice. Do not breathe through your mouth, even when you are asleep. True, you cannot lie awake

to become cognizant of the fact. Cleanse your teeth well just before retiring, and if you cannot keep your mouth shut in any other way, do as the Indians do with their papooses, tie the mouth shut. The Indian warrior sleeps, hunts and even smiles with his mouth shut, and respire through his nostrils, because he was taught, or rather compelled, to do it while young. Would it not be a good thing for parents of more civilized races to do the same with their children?

For the preservation of the teeth also, this precaution of keeping the mouth shut should be heeded. The teeth require moisture to keep their surfaces in good working order. When the mouth is open, the mucous membrane has a tendency to become dry, the teeth lose their needed supply of moisture, and then come discoloration, toothache, decay; looseness and finally loss of teeth.

It is an excellent plan also to keep your mouth shut when angry. The habit of closing the mouth when once acquired is not soon forgotten. How important, therefore, to form this habit in early childhood!

Causes of Mouth-Breathing.

How often we see young children deprived of fresh air until they are compelled to use mouth-breathing. How many times have we seen one of them covered up in cradle or crib, to keep the flies off in summer or a draft of cold air in winter, or bundled up in the nurse's or mother's arms on the street until the poor child was half asphyxiated, unable to get enough air through the nostrils, and then open would come the mouth, fairly gasping for fresh air. Very many times, also,

We have seen children in coaches on the street, covered up, head and heels, in such a way that they could not obtain sufficient air to carry on normal respiration; or else the face covered completely over with a thick, heavy veil that interfered seriously with correct breathing. This state of things ought not to be allowed for a moment, as a child's face should never be covered or obstructed in any way, either indoors or out of doors.

Another cause of mouth-breathing in children is the vitiated air in our homes, especially in our sleeping apartments. Impure air is far more a cause of ill health than most persons imagine. It is not merely that various lung diseases are caused thereby, but mouth-breathing is also engendered. The venous blood, laden with its used-up material, ready to be delivered and exchanged for the vital oxygen it needs, is not clarified as it should be, and the vessels are compelled to carry back again some of the used-up material. To some extent the whole system is devitalized. There is a sense in which pure air is as much a food as anything that is taken in the stomach. If we are deprived of it, there is a real want of nourishment. The blood fails to be the distributor of vitality that it should be, and the result is a general loss of vigor.

Mr. George Catlin, in his *History of the North American Indians*, says he "never met with one that breathed through the mouth, nor one that was deaf unless born so." Disease of the upper air passages is likewise unknown among the Indians. The habit of breathing naturally through the nose would therefore appear to preserve a

healthy state of the air passages. The Indians, however, do not live in our modern houses, with inside doors as well as outside ones, and inside shutters and outside ones, but in wigwams, with plenty of chinks and crevices for the entrance of fresh air.

Sunlight and fresh air are the best sanitarians we have. You cannot grow cabbages in the cellar. Neither can you grow healthy, robust children without plenty of fresh air and sunlight.

The Results of Mouth-Breathing.

Now, let us consider some of the evils that follow mouth-breathing in childhood. As has been said before, the air has not been properly prepared to enter the lungs. Then, again, the supply of air is far less in amount than is required for healthy respiration. The child is thus deprived of the usual proportion of oxygen demanded by Nature. The outgrowth, therefore, of these primary results of mouth-breathing is a somewhat startling list of diseases, as will be seen in the following explanation of them:

1st. The air not having been properly prepared for the lungs, the latter are unduly irritated. Then follow attacks of bronchitis and lung troubles, from which this class of children commonly suffer.

2d. The fact that the air supply is diminished will account for the next train of evils. For this reason the blood is not properly oxygenated, and the entire being suffers in consequence. The child is pale and bloodless in appearance. His growth is retarded, his chest becomes contracted, and he is apt to be "pigeon breasted." He is more likely to suffer from lung diseases than

one whose chest has been naturally developed, and when attacked is less liable to recover.

3. The effect of not using the nose is to deform it, both outside and in, and to prepare the way for troubles in after life of a most distressing nature, in addition to which should be mentioned catarrh and loss of smell and taste. If attacked by diphtheria or scarlet fever, with throat symptoms, these children are less likely to endure, because of the greater severity of the disease, the greater difficulty in treating it, and of the feeble and debilitated condition of the patient. For a child with weak lungs cannot have a strong heart.

Finally, as a result of mouth-breathing follow chronic enlargement of the tonsils, enlargement of the adenoid tissue at the vault of the pharynx and its sequel, inflammation of the ear; moreover, the existence of these evils often gives rise to other conditions infinitely worse than themselves.

Suppose, on the other hand, that the child has escaped with his life, and has grown to manhood. If what has been said already about the permanent results of mouth-breathing be true, he has paid dearly for the experiment. You will find all this class of persons with the local trouble of thickened and diseased mucous lining of the upper air passages, going around with mouth wide open and expressionless countenances in the daytime, and invariably making night hideous with snoring that not only disturbs their own peaceful slumbers, but those who are compelled to occupy the same apartment with them. A mouth-breather always snores. And what a

distressing sight to behold a snorer sleeping; and what a contrast with one who sweetly sleeps as Nature intended, with the mouth closed.

It is true that most of these original troubles, caused principally by mouth-breathing, can be cured in early childhood by the science and skill of the physician and surgeon; but it is exceedingly difficult to effect a cure after the patient has suffered for a considerable length of time. The period for treatment is not, therefore, when the child is grown, or half grown, but at the very outset, or before the evil results have become established.

But an ounce of prevention is better than a pound of cure. Then why not teach the children how to breathe properly, and thus avoid all these troubles to which we have alluded?

When the truth of the dangers of mouth-breathing in early childhood is thoroughly understood we shall hear less often of catarrh of the head, snuffles, bronchitis, membranous inflammation of the throat, enlarged tonsils, adenoid and polypoid growths, inflammation of the internal ear, decayed teeth and thickened speech.

Dressing the Baby After Six Months.

The age at which baby undergoes the process known as "shortening" depends upon various circumstances, the season of the year being the most important. As a rule, it is unsafe to subject a baby to so radical a change of dress during severe weather, even though he may have arrived at the age of six months, the canonical short clothes period. A baby born in mid-winter or early spring can be safely "short-coated" as soon as warm weather has fairly begun, and one born during the summer months could undergo the change before the beginning of cold weather, without waiting to attain the standard age of six months; but an autumn baby presents a problem somewhat more difficult. If his days are spent in a house exceptionally well warmed, and his short clothes are so wisely chosen that he suffers no difference in warmth by the change, then

there need be no fear in leaving off long clothes at any time during the winter. If, however, there is any doubt in the mother's mind as to the safety of such a course, it is "better to be safe than sorry," and to wait till warm weather, even though baby's active little feet may be kicking his skirts into shreds.

Having settled upon the proper time for making the change, the mother's next care must be to provide short clothes. If she be a woman who takes short views of life and does not regard the future, she will do this by cutting off the long clothes to a suitable length; by the time she has done congratulating herself on her good management in thus saving labor and material, she will find that her baby has outgrown the waists of his long-short dresses, and that most of his things will need a good deal of altering if

they are to continue in use. Probably by the time she has done all that is required she will decide that her plan for providing short clothes was not as economical as it appeared at first, and if a few years later she finds herself called upon to furnish another outfit of long clothes for a second baby, she will be ready to tear her hair over her own short-sightedness. Unless a mother has good reason to know that her first baby will also be her last, her wisest policy will be to put away all the long clothes intact and to provide new short clothes. This is homely advice, but time has so often proved the wisdom of it that it may, perhaps, be excused.

The Band.

If baby has worn a band until the age of six months, his mother will probably wish to continue its use through the period of teething, and it will, therefore, form a part of the short clothes outfit. The band of Jaeger stockinet described in a former article (which appeared in *BABYHOOD* for November, 1891) will still be found the best and most serviceable, and for an older baby's use will be decidedly better if made of the natural wool color instead of white, because of showing stains less readily. As the baby begins to stand on his feet, the band, if worn as loosely as it should be, will tend to slip down, and must be kept in place; this will be better done by pinning to the shirt front and back than by the use of straps over the shoulders; shoulder-straps are entirely unobjectionable, but necessitates undressing the child in order to remove the band in case of accidental soiling.

The Shirt.

As a detailed description of the method of making infants' shirts was given in the article above referred to, it will not be necessary to repeat it here, as a six months baby will wear the same shirt as at first, the only difference being one of size. The thin mull shirt may now be left off, unless baby's skin should continue to be too much irritated by contact with a woollen garment.

As no change to a thinner garment is allowable in cold weather, only one weight of shirt need be provided for winter use, and that fairly heavy. In summer the case is different, and at least three grades of shirts are required to keep baby comfortable, especially if he is so fortunate as to spend the hot weather in the mountains or at the seashore, where extremes of temperature are greater than in other places. In order to meet these changes of the mercury a thoughtful mother will provide her baby with little shirts of cotton gauze or India silk for wear in hottest weather, and for general use other shirts of light weight woollen stockinet are desirable and necessary; in addition to these thin and medium shirts, it is well to keep conveniently at hand, even during hot weather, the warm shirts which were worn during the winter.

At mountain and seaside resorts the nights and mornings are generally cool, and there are occasional stormy days which bring the mercury down far below summer heat and render warm clothing once more comfortable. Babies are very sensitive to changes of the weather, and too much pains can-

not be taken to secure them against evil results from the same; one of the best ways of doing this is by frequent changes of clothing according as the thermometer rises or falls; and though this may sometimes necessitate extra work in changing a child's clothing several times a day, it will be found the only safe way and easier in the end than nursing a child who has been made ill by undue exposure.

Mothers who wish to economize in providing shirts for their older babies will find that they can use to advantage any undervests of good quality which have been discarded by the older members of the household as too much worn for their use. While the waist and sleeves of such garments are worn out, the lower part will often be quite good, and if made up into a baby's shirt, will generally wear until outgrown.

The Underwaist.

With the advent of short clothes the underwaist assumes an important place, for to it must be attached the skirts, drawers and stockings. Its construction is quite simple, and any dealer in paper patterns can furnish a good pattern. On a properly constructed waist, the number of buttons is legion, but each has its special use; they are set in two rows around the waist line, the upper rows to support the skirts, the lower row the drawers and stockings. The material of which the waists are made should be of muslin of medium weight, not corset jean or drilling, as these are too warm and heavy, and the muslin is quite durable enough for babies' wear. Three or four waists will be found a sufficient number.

Diaper Drawers.

I always have a feeling of pity for a creeping or walking baby whose movements are hampered by a clumsy diaper. If a child is educated to tidy habits by the use of a nursery chair, or some other convenience, as soon as he can sit alone, the diaper can be entirely dispensed with as soon as short clothes are worn, except for night wear and the special emergencies of sickness and travel. When I was preparing to put my first baby into short clothes, I gave much thought to the diaper question. I disliked the idea of the warm, heavy diaper during hot weather, and at any season of the year I dreaded the idea of contending with an article of clothing so likely to part company with its wearer at the most inopportune times and places. Although baby's habits were quite good, he was still too young to be entirely depended upon, and I felt that a certain amount of protection was needed. I decided to use muslin diaper drawers, but they alone would not be sufficient; so my alternatives were to use a diaper inside the drawers or to think of something better. I effected a compromise between the diaper and the drawers in the following simple way: The ordinary muslin diaper drawers were made, but inside them I set a pocket running down to the middle point in front, and up to within about two inches of the waistband. The top of the pockets was hemmed and left free, while the sides were stitched down to the drawers. Into this pocket was slipped a diaper folded to fit it, and my problem was solved in a fairly satisfactory way. I provided three dozen pairs of drawers and found

them not too many, as, of course, drawers as well as folded diapers had to be re-dressed when wet or soiled.

These "patent drawers," as my friends sometimes call them, have their advantages and disadvantages, which in justice to my readers I will state. The chief, and in fact the only, disadvantage is, that in case of wetting or soiling they do not protect the clothing as well as a thick folded diaper; the advantages are coolness, the perfect freedom of motion allowed, and the ease with which they can be opened to permit of the child's being put upon the chair, which is itself a great aid to forming cleanly habits.

Underdrawers.

If an adult were to spend the greater part of a winter day sitting or lying on the floor of even a well warmed room, the chances would be greatly in favor of his contracting a severe cold. When we reflect that little children, three feet or less in stature, spend their days in the lower stratum of cold air which lies upon the floor, the wonder is not that they are sometimes sick, but that they are ever otherwise. When we further reflect that their clothing is often quite insufficient, especially from the waist down, the wonder still further increases.

In addition to long woolen stockings reaching above the knee, baby should wear knitted underdrawers similar to those worn by grown-ups. Any mother can readily make these, either out of the partly worn garments of some older member of the family, or better still of the same warm Jaeger stockinet used for baby's winter shirts. Each leg should be separate. Fold the stockinet lengthwise; join by a seam,

following the directions given in my previous article for making a "regular" seam. Bind the free edge of the upper part of the leg with silk flannel binding, turn down a half-inch hem at the top, and sew on three loops of narrow tape, which are to fasten on to three buttons set on the lower edge of the underwaist at the sides. The lower part of the leg should be finished with ribbed webbing, such as is seen on ready-made garments. It is furnished for such purposes, but a skillful mother could readily knit it as she would a ribbed wristlet.

Stockings.

Not many summers ago I drove to the beach one morning with a young mother of my acquaintance, whose two children, rather thin and delicate looking little girls of eight and ten, were with her. The mother's health was carefully guarded by her friends because of a tendency to lung trouble, but both the mother and her husband thought to insure their children against this evil by a process of "hardening." The little girls' arms were bare, and their legs from the knee down were protected only by short socks, which were constantly disappearing inside of their shoes. It was a summer morning, but the sea breeze was fresh and cool, and I could not help thinking that such unwise exposure could result in anything but hardening its victims. The short socks which display baby's plump legs and knees are undoubtedly a pretty fashion, but so were the short-sleeved and low-necked dresses which few now hesitate to condemn. The knee is both sensitive to exposure and liable to injury, and who can tell but that the "growing pains" of a few

years later, whose graver name is rheumatism, may have had their origin in the days when the child wore socks, and the leg and knee were unprotected?

Both prudence and common sense would dictate that a child's legs, from the time he dons short clothes till the age of two years at least, should be clad in long stockings; woolen ones are best, drawn about the knee, or held in place by little elastic stocking supporters. These supporters can be made of half-inch elastic braid, sewed permanently to the stocking, and fastened by loops of tape to buttons sewed on the underwaists. Woolen stockings for summer wear should be of as light a weight as possible, while those chosen for winter should of course be heavier. A cheap grade of stocking is never good economy if it can be avoided, as such stockings shrink and fade more than those of good quality and last but a short time, owing to the hard usage they receive.

Black is a color now generally worn by children of all ages, but the "natural" wool shades, both light and dark, are pretty, harmonize well with dresses of all colors, and cannot fade. Whatever color of stocking is selected, care should be taken that the color is absolutely "fast," as some dye stuffs are injurious to a baby's tender skin.

Shoes.

"How shall we shoe the baby?" is a question which naturally arises as soon as he puts on stockings. The plan generally pursued is to place on the baby's foot a stiff-soled little shoe, probably incorrect in shape, though of pretty material and finish. In such shoes he begins his struggle for a foot-

ing in life, which he finally gains, though not as soon as he would had his clinging little toes been left to aid him, unhampered by the bondage of a shoe.

A pretty and sensible fashion which has come up during the past few years is the use of moccasins as a first shoe. These are made of chamois, felt or kid, bound with bright ribbons or braid, and ornamented with fancy stitches in any way that taste may suggest. They are best if made to lace well above the ankle, as they keep in place better than if cut low. This foot-gear is warm and very pretty, and does not cramp the toes or interfere with baby's first efforts to crawl or walk. The only serious objection to moccasins is the difficulty of keeping them on the feet of an active child after he begins to crawl, and this in time leads the mother to discard them in favor of the shoe, faulty as it is.

The sole of a baby's bare foot is not unlike a wedge in shape, the broad part being at the toes, while the shoe meant for his use is too often either narrower at the toes than at the heel, or else about equal width. The perfect shoe has not yet been evolved for either infants or adults, notwithstanding advertisements to the contrary, but there are degrees even of badness. The ideal shoe should conform as nearly as possible to the shape of the foot, and be neither too loose nor too tight. In particular, it should be amply wide across the great-toe joint, and allow the toes room to spread out, instead of being pressed tightly together. Mothers should see that the baby's shoe is correct in this respect and that it is

also long enough to extend slightly beyond the toes in order to allow freedom of motion and room for growth. Having secured these essential points, she can probably do little more toward attaining the perfect shoe until the shoemaker has reformed his views regarding the shape of a baby's foot.

Skirts.

About one dozen white skirts and four flannel skirts are a sufficient number to provide for a short-clothes outfit. The white-skirts may be of muslin, cambric or nainsook, according to the degree of fineness desired. The flannel skirts, if for winter use, should be of moderately heavy flannel, and if for summer wear, of gauze flannel, with one heavy one for cool days. As both cotton and flannel skirts are very conspicuous under a short dress, they will repay a certain amount of care in their ornamentation, provided the mother does not overtax both strength and purse in its attainment. In any case, elaborate and heavy trimmings should be avoided on such tiny garments and only narrow edgings and small tucks be employed, or any equally light and delicate trimming.

For winter wear a garment which adds much to the warmth of baby's attire is a princesse slip of cotton flannel worn next to the dress; in that case the muslin skirt should be dispensed with, and only the flannel skirt worn under the slip. From four to six slips will be found sufficient.

Dresses.

Formerly it was the fashion to dress children exclusively in white until two years of age; but of late colored dresses have gained in favor for little tots,

and they are very pretty and sensible for morning wear, reserving white for the afternoon. Daintiest but most expensive of the colored dresses are chambrays in plain colors, pink, blue and buff, these goods costing about forty cents a yard. Almost as pretty and far less expensive are gingham in small checks or stripes and of all desirable colors; these cost about twenty-five cents for a fairly good quality.

In making all gingham dresses allowance should be made for a considerable degree of shrinkage, the liability to shrink being in direct proportion to the quality of the goods, the finer grades shrinking least; this can be done by making the dress waists amply loose and long, by putting deep hems on the skirts, and by making the sleeves nearly two inches longer than desired, and then running a tuck by hand around the sleeves till the time comes to let them down. All hems intended to be let down should be hemmed *by hand*, as machine stitching is difficult to take out, cuts the cloth, and always leaves its mark. If wash dresses are meant to do service for a considerable time, it will be found a good plan in buying the goods to allow to each dress pattern at least a yard over and above that required at first; these extra "yards" should be laid aside to meet the demands for alterations which are sure to come in time, and if of colored goods, should be laundered occasionally with the regular wash, that they may be equally faded and shrunken with the dresses they are intended to repair. It is also well to save any remnants of braid or embroidery which may have been left

over from trimming the dresses, as they are almost sure to be wanted in time for alterations, and may be impossible to match.

China silks of white, pink, blue and other delicate shades have come into favor for babies' wear, and are pretty if so simply and daintily made as to avoid a "dressy" appearance. They are specially cool and comfortable for summer wear, but are scarcely desirable for winter use, unless supplemented by extra warm underclothing.

After "Toddles" begins to run around quite freely, and has developed a prankish and inquisitive spirit, his cotton dresses become a source of danger to him if he lives in a house with open fires, grates or stoves. Safest and best then for his winter wear are dresses of flannel or cashmere, which may be as pretty and dainty as those worn during the summer. The colors are most serviceable if neither too light nor too dark, and for ordinary use small checks or stripes, or mixtures, show hard usage less than plain colors. Plain colors can be reserved for best, while for state occasions white cashmere with delicate embroidery or stitching for trimming would make a dress good enough even for His Majesty of Spain.

Those mothers who are blest with a first-born son often show some anxiety at the end of the first year of their boy's life on the subject of his dress during the second year. They naturally do not wish the dear little son to look like a girl, and are anxious to know when and where the line of separation begins. For the benefit of such mothers let it be briefly stated that during the first two years of life there

need be absolutely no difference between the dress of boys or girls, except in the matter of headgear. After he is a year old the "coming man" may wear little lace or muslin turban-shaped caps instead of the bonnet-shaped caps of the sister woman, but that must be the only insignia of his order till the day of kilts or trousers arrives.

The mother who is obliged to practice a considerable degree of economy will find it a wise plan in buying her own wash gowns or plainer stuff gowns to choose such colors and patterns as will make over well into children's clothes when she has done using them. The colors and patterns need be none the less suitable and becoming to her because she has an eye to the children's future, and such foresight need only apply to her plainer gowns, her best being probably of such materials as would be unsuitable for children's wear. By taking a little forethought she can thus avoid the not unusual sight of children arrayed in the made-over garments of their elders which are quite unsuited to them, and therefore most unbecoming. One of the unpleasant memories of my own childhood is of a brown and white plaid dress of large pattern which a kind (?) relative bestowed upon me, and in which my small person must have looked rather absurd; almost every grown-up person can recall a similar experience, which goes to prove that children are much more sensitive to absurdities of dress than their elders are apt to suppose.

Aprons.

The genesis of the apron is the "creeper." This is really a little pina-

fore tied on over the baby's first dresses to protect them during his creeping days. As the term of their use is not long, baby, as a rule, soon getting on to his feet, the "creeper" should be of some inexpensive stuff and made as plainly as possible; cheese cloth is a good material for the purpose, being fairly strong and very cheap. They should be cut with a circular skirt long enough to cover the dress, and with a bib-shaped piece extending from the waist to the throat, and fastening behind the neck like a collar. As the baby grows old enough to wear the regulation apron, or pinafore, over his dresses, this useful garment can be made in many dainty and attractive ways. Plaid muslin in small checks is probably the best material for the purpose, and the prettiest trimming is a deep-falling frill of embroidery around the neck like a collarette, the rest of the apron being plainly finished. A dozen or sixteen aprons is a good allowance, if the baby is fairly tidy in his habits. Sixteen allows one clean apron a day and one extra each week for accidents.

Coats.

Coats meant for little children's winter wear should combine lightness and warmth in as high a degree as possible. The material which at present meets this demand most fully is eider-down flannel, a fabric so long and favorably known as to need no special description. In addition to the plain colors, pink, blue, red, tan and white, it can now be had in pretty dashes of color on a plain ground, giving a novel and stylish effect.

Fur is such an attractive and be-

coming trimming for winter coats that it seems hard to condemn it, unsanitary as it sometimes is when used for little folks. The objections to its use are the poisonous materials employed in curing and dressing the pelts and the superior warmth of fur over other wrappings, and consequently the liability to colds which it is apt to produce in its wearers. If used at all for babies' wraps, it should be done sparingly, and in such a way as to be purely ornamental, suggesting the idea of warmth without really giving it. This can be done by using narrow bands of fur around the skirt, wrists and cape, if there be one, but putting none about the neck.

For summer wear baby should possess at least two coats, one thin and another moderately heavy, so that he may be prepared to meet the changes of temperature which are often quite sudden during hot weather. The thin coat may be of cashmere or some equally light material, while a heavy flannel will answer for the second coat. White coats are pretty but show soil easily, though on the other hand they wash better than colored ones. If white is the color decided upon, two of the thin coats should be provided to allow of a change in washing; but as the thicker coat will be less used, one will probably be sufficient.

Headgear.

A becoming cap can make even a plain baby almost pretty, and can increase the beauty of one who is already pretty. The prime object of a head covering is warmth in winter, coolness in summer, and the needful degree of protection at all times. A winter hood

for a child under three years of age should be warm, fit closely, and cover well the ears and back of the neck. Nothing better and more snug than the "three piece" hood has yet been devised, and it is a shape generally becoming to baby faces. Winter caps for little tots are often charming when made of the same material as the coat.

Summer caps should be cool and light and as fresh and dainty as a mother's care can make them. It is not always easy to secure this delicate freshness, as baby is often reckless in his treatment of his head coverings; and caps, even the plainest, are quite expensive if bought ready made. With a yard of fine nainsook, two or three yards of bobinet baby bonnet ruching, the same quantity of narrow pleated lace ruching for edging baby caps, a piece of white "baby" ribbon for rosettes, and any odds and ends of lace and embroidery already on hand, an ingenious mother can make enough

caps to keep her darling spick and span during a whole summer. The shop windows will furnish suggestions as to style, and even the illustrated catalogues now issued by many leading dry goods houses contain plates of baby caps which may furnish useful hints. Little sun-bonnets make quaint and pretty head coverings, and are often as charming as a picture; they are sensible as well as pretty, since they afford a fair amount of protection to the eyes from the glare of the summer sun. Wide-brimmed hats are to be commended for the same reason, if not worn too far back on the head to be any protection.

Shading the eyes of young children from the sun is a subject deserving of greater consideration from mothers than it receives, and we constantly see a baby's eyes exposed to a glaring light in a way that adults would consider most hurtful if they were themselves the victims.

G. R. S.

The Mothers' Parliament.

Hints for Rainy Days.

Change of scene from one room to another has an excellent effect in the amusement of both babies and older children. On rainy days, when children are obliged to remain indoors, nearly every mother knows how warm the room is apt to get, and how fretful and exacting small people can become. I have found it an excellent plan on such occasions to migrate to an entirely different part of the house, open the windows in the room that is left, and to give the children a new

set of playthings, and the result has been most satisfactory. It is, I think, rather easier to amuse little girls in the house than boys, as there are so many things that can be turned to account for their dolls.

It is also a good plan to occasionally put away the greater portion of toys, both old and new, in some convenient closet, which it is as well to keep locked, and then to exchange the playthings which they have been using for fresh ones. It is usually when children are rather tired of their things

that they destroy them, and in this way the novelty hardly has time to wear off before they are exchanged for new ones, so there is far less destruction than if they are allowed to have them all the time. A little forethought and care will keep children well provided with things to play with without expense.

Most children delight in dressing themselves up, and a few old bits of ribbon and lace, old hats or bonnets, gloves, etc., which are put aside for their own use, will usually afford great pleasure. A scrap-book is a very satisfactory investment. The colored pictures which accumulate from many sources make very effective collections. The children are usually well entertained in watching the cutting out and pasting in of the pictures, and after the book is completed the variety of the contents prevents their soon tiring of it. A pair of blunt-pointed scissors and an illustrated florist's catalogue, or any other illustrated book or paper of no value, will give congenial employment for a long time, and if the scrap-basket is placed near at hand, and it is understood that all bits of paper must be carefully picked up from the floor, they can work satisfactorily without giving much trouble. If the pieces of cloth and odds-and-ends of trimming left over from dressmaking are saved, instead of being swept away, and are kept as a reserve fund for the adornment of dollie's wardrobe, they can keep the little fingers busy for many a half-hour. A yard of tickling and a little straw, or anything else for filling, will make a very fascinating mattress and pillows, and placed in a large

pasteboard box, with sheets, coverlet, and pillow-cases, will make a splendid bed for the favorite doll.

Water as a Toy.

I wonder if all mothers know the value of water for their little ones during summer weather—water not as a beverage or a bath, but as a plaything.

Even the very little ones enjoy soap bubbles. Give them plenty of water and pipes, on a cool, shaded veranda or in a room where they may splash as much as they wish, and it is an amusement that will last a long time, keeping them quiet and cool.

Or try the very simple plan of giving then a tub of water, where, clothed in a single garment, and of course without shoes or stockings, they can play for hours during the very hot days. They will sail with delight tiny boats, which can be folded from stiff paper and which, loaded with fairy freight, and manned by a crew of peas-boys, will outride safely the waves made by the little splashing hands. Peas-boys, which they greatly admire, are made with green peas, one for the body and a very small one for the head, and arms and legs made of broom straws. They make a very fine crew to ride in a paper boat, or one made of their own pods.

Give the children toy watering pots and let them sprinkle the veranda floor, the grass below and their own little bare toes.

But the prettiest summer amusement with water was the one which a good papa invented, to the great delight of a very little boy and girl. He placed a large stone jar, holding

six or eight gallons of water, on the veranda. Into this he put one end of a long rubber tube, about a fourth of an inch in diameter, in the other end of which was a piece of glass tube drawn out to a fine point, so that by holding or fastening this end upright, on the grass below the jar, a little jet of water would be thrown up, like a miniature fountain. The hot days of one summer, when it was safe and refreshing to play with water, were made very happy by this simple device. children enjoyed changing the position of the jet, or catching the water in their little pails and returning it to the reservoir, thus receiving a valuable object lesson while at their play.

By some such simple use of water, you may keep the temperature and the tempers of the little ones down, when the mercury is up in the nineties; for whether it is because a special charm attaches to the usually forbidden thing, or because of the inherent charm, and change, which we are never too old to feel, water furnishes a most attractive and wholesome hot weather amusement. P. N.

Trapeze.

A good and cheap plaything is a handswing or trapeze, to hang in a doorway. The sawed-off handle of an old broom, sand-papered to remove roughness, is as good as any rod, making grooves for the strong cord at either end. Ours is swung from strong hooks in the woodwork above the door, into which I snap the catch bought at a harness shop. The rod hangs so that the children can just reach it on tip-toe. N.

Sweet Potato Cobbler.

Recipe: Peel and slice 1 pint of sweet potatoes, place in a porcelain-lined stew-pan with 2 cups of light brown sugar, $\frac{1}{2}$ a cup of butter and $\frac{1}{2}$ a teaspoonful of cinnamon, $\frac{1}{4}$ of a teaspoonful of cloves, and $\frac{1}{4}$ of a nutmeg and sufficient boiling water to cover nicely; boil until potatoes are soft, but not mushy; thicken with a level tablespoonful of flour, stirred in cold water until smooth. Line a deep dish with the mixture, cover with a crust of the paste and bake in a moderate oven until a light brown.

Try mixing broken-boned sardines or anchovies with scrambled eggs before removing them from the fire.

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How to Reduce Corpulency. Diet for Debility and Anæmia. Other Sanitary Measures for Anæmia.

Care of the Body.

The Results of a Sedentary Life. The Value of Regular Habits. Precautions and Prevention.

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THE CONTEMPORARY PUBLISHING CO., 5 BECKMAN ST., NEW YORK.

A correspondent asks how Bar-le-Duc is used. This is a jelly made of either currants or gooseberries, and the imported is considered best. It may be served with any kind of cheese, but cream cheese is preferable. The most popular way is to have it with the salad course, where cheese is used. One small jar of Bar-le-Duc is enough for four people—only a little is supposed to be taken. The jelly may be served with all salads, except the heavy ones, like chicken, lobster, etc. The usual thing is to serve it with lettuce, or lettuce and tomato, or grapefruit or celery. A pretty idea is to line a salad bowl with white crisp lettuce leaves, in the centre of which put cream cheese, and then in the centre of this make a hole for the Bar-le-Duc, which gives a green, white, and red effect. Mix the cheese first with a little cream or rich milk before putting into the salad bowl. Another tempting way is to take the tender inside leaves of lettuce forming cup-like receptacles to hold small balls of cheese. Cream cheese forms the foundation of these, to which are added a few chopped nuts, a little paprika, and salt enough to give zest; then enough mayonnaise to French dressing is mixed in to hold the cheese. Level teaspoonfuls are rolled into balls between butter paddles. The contents of a jar of Bar-le-Duc currants is placed in the centre of the salad, and as each cup of lettuce and its contents is placed on the individual dish, a teaspoonful of jelly is added. Bar-le-Duc is sometimes used as a dessert. Crackers are always served with it.

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Experimental Methods in Sanitary Science and Sanitary Administration.

William T. Sedgwick says, in sanitation, experience must largely take the place of experiment. He refers to his own studies on an epidemic of typhoid fever, and remarks that comparatively few physicians or sanitarians are in a position to conduct artificial experiments, but almost any wideawake observer, whether he be physician, physiologist, sanitarian, or engineer, may, if he will, find going on all about him natural experiments, the conditions of which may often be learned with great accuracy, even after the experiment is completed, and which may yield conclusions quite as capable of verification as are those of experiments made in the laboratory. This is a matter of encouragement, especially for younger workers. He pleads for better materials on Boards of Health, claiming that it is time we should cease experimenting with political appointees and begin experimenting with something better than spoilsmen. Too often a hack politician or two, a second-rate doctor or two, and one or more vain or place-seeking nobodies—useless but not harmless—make up our



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local boards of health; and as no stream can rise higher than its source, the service of such boards are disgracefully small in quantity and poor in quality. The present plan is a failure experimentally demonstrated; let us continue to invoke the experimental method in which we believe, but abandoning our present customs, which have been experimentally proved—for the thousandth time—to be hopeless, try instead something more promising.

The Arctic Climate.

F. Sohon describes and illustrates by a chart and photographs the advantages of the arctic climate for the relief of chronic affections, particularly tuberculosis. The continuous sunshine and its marked effect on animal and vegetable life in these regions during the summer months as well as its increased actinic quality, the dustless and germ-free atmosphere, and the effect of the sea air under these conditions are all noted as factors in causing the special salubrity for respiratory affections. He sums

up the merits of the arctic climate for this class of cases as threefold: "First—It holds absolutely nothing to add fuel to the existing flame. There is no dust to irritate tissues already struggling against a present mastery of the disease, no superadding of pus or other infections, no contracting of colds to invite a setback, nothing to depress vitality. Second—It holds every incentive to an increase of bodily vigor. Each and every chance and opportunity for a cure which is here sought for and obtained only simply and indifferently is there grouped together in full intensity without the necessary presence of any disadvantageous element. Third—As a result of this dual combination, a beginning tuberculous process may be checked in the shortest space of time, and not so much local damage will be done while waiting for the tide to turn and recovery to begin. This will lessen the chances of a new infective occurring after a cure." He believes there is a chance here for benevolent enterprise with a surety of results.



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Green Tomato Mock Mince Pie.

While this compound is rather unusual, it is extremely "tasty" and not expensive. To four quarts green tomatoes, chopped fine, allow three pounds brown sugar, the juice of two lemons and their yellow rind, grated, a tablespoonful each cinnamon, allspice and salt, half a teaspoonful cloves and a tablespoonful grated nutmeg. Put into a porcelain lined kettle and simmer gently until reduced one half in bulk. Now add two

pounds and a half seeded raisins, or part raisins and part currants or chopped prunes, and a cup boiled cider. Then cook an hour or two longer until thick.

For preparing the nuts, now so popular, mixed with cream cheese for balls to be served with salad and as a filling for sandwiches, it is not necessary to chop them, for an almond grinder can be purchased at small cost, which will do the work quickly.



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to be used with **FRESH** milk.

We wonder if you realize the importance of this statement. We wonder if you know that the question of fresh milk, as against sterilized, pasteurized, condensed or dried milks, is of such vital importance to your baby's healthful development, that when selecting an artificial food for baby, your first question should be, "*Is it prepared with fresh milk?*"

Let us tell you why.

There is in fresh milk and in all fresh foods a *wonderful element of life*.

It cannot, of course, be found nor can it be analyzed. We simply know it is there, that cooking destroys it, and that if we are deprived of it for a considerable time, we do not remain well.

The adult is supplied with this life-giving element in fresh water, fresh fruits and uncooked foods. The baby is supplied in the fresh milk of the mother.

Remember, babies not having a fixed diet, can only get this element of

life in their food, that is mother's milk or an artificial food prepared with *fresh cow's milk*.

So if you must adopt the use of an artificial food, select first of all one that is to be used with *fresh milk*.

That is the first step.

The next is to select Mellin's Food.

Mellin's Food is added to fresh milk so that the tough curd may be made light and flaky, like the curd of mother's milk.

And it is also added in order that certain food elements, that a baby receives when he nurses at the breast, and which cow's milk lacks, shall be supplied to him.

The subject of infant feeding is intensely interesting. If you are a mother it is important that you learn all you can about it, for presumably the more you understand about it, the better and easier you will care for baby and the better he will thrive.

Let us send you one of our beautiful books, "*The Care & Feeding of Infants.*" It is full of information and we will be glad to send it to you Free. *Mellin's Food Company, Boston, Mass.*



What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
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I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

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I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

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I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

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San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

How to Wash Combs.

Combs should be cleaned in the same manner, and side combs need it also.

Always, after using a tooth brush, it should be held under a hot water faucet to rinse thoroughly, and once a day it ought to be plunged into strong ammonia water to purify, thus cleansing it of germs.

The nonchalant manner in which women otherwise particular will wipe their faces with a soiled powder puff or pad is amazing. They seem to be utterly heedless of the fact that they are simply wiping impurities into the pores, and the untidiness of it is obvious.

A puff should not be used on the face, for a bit of chamois skin or a lamb's wool pad will distribute the powder quite evenly and at the same time may be kept perfectly clean. To wash it put into a bath of warm soapy water in which there is some ammonia, and squeeze, but do not rub until quite clean. It is then rinsed and put into the open air, preferably in the sun, to dry. It should be shaken frequently, that it may come out soft and thick, not thin and hard.

Chamois skin is cleansed in precisely the same manner, except that it should often be rubbed between the hands while drying.

As to wash cloths, a soiled one is even more positive in its deleterious effects, because it sends moisture into the skin. No cloth should be used longer than a week, and then must be put into the laundry, washed and boiled, before drying in the open air. In some instances, such as after a railroad journey, a motor ride, or when one has been in a dirty atmos-

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phere, a cloth should be used only once, as it gathers so many impurities that it becomes temporarily unfit.

Sponges should never be used except for the bath, and are the most unsanitary toilet article countenanced. Their capacity for holding impurities is endless. If used, however, they must be plunged into strong ammonia or soda water once a day and always hung in the open air.

An interesting operation has been performed by Prof. Kukula of Prague on the two united sisters, Rosa and Josepha Blazek. Although the twins were united over a considerable area, the two bodies were quite independent, as is shown by the fact that one sister suffered from diseases which did not affect the other. Thus Rosa was subjected to an operation for stone in the bladder, which was successful, and by means of which a calculus as large as a hen's egg was successfully removed. Although the operation was done under local anesthesia. Josepha showed no signs of suffering. The temperature of Josepha was always 0.6° C. lower than that of her sister. The surgical separation of the two succeeded perfectly.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

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THE CONTEMPORARY PUBLISHING CO., 5 BECKMAN ST., NEW YORK.

INSTEAD OF MORPHIA OR OPIUM.

We meet with many cases in practice suffering intensely from pain, where because of an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired. In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in antikamnia and codeine tablets. The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of antikamnia and codeine tablets guarantee the purity of every grain of codeia which enters into their tablets. This not only prevents habit and the consequent irritation which follows the use of impure codeia, but it does away with constipation or any other untoward effect.

Baked apples with nuts.—Peel and core the apples, then place in a deep pan, allowing a heaping tablespoon of sugar and half a cup of water to each apple. In the centre of each apple place a teaspoon of chopped nuts and strip of lemon or orange peel, and over the whole sprinkle cinnamon and nutmeg. Bake very slowly, and the juice will become jelly-like.

Cream finnan-haddie.—Take one-

Is Motherhood Drudgery?

SEE ANSWER IN THE MOTHER-ARTIST

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half pound of finnan-haddie, pick apart, and cook in one heaping tablespoonful of butter till heated through; then stir in one tablespoonful of flour, moistened in one cupful of cream, or rich milk, and let it cook for five minutes: add the yolk of one egg, a dash of pepper, and one teaspoonful of grated cheese. When smooth serve immediately on hot toast and garnish with parsley.

The celery knobs that grocers sell are now one of the popular vegetables and are very wholesome. They are boiled like turnips, scraped, cut into small pieces and mixed with a French dressing for a salad, or have a white sauce thrown over them and served as an entree.

A wire basket, known as a salad shaker or drainer, is used to dry greens after they have been thoroughly washed. The leaves of lettuce often hold the water, even after a good shaking. Each leaf should be wiped off with a piece of cheese cloth. If not thoroughly dry, the dressing will not be evenly distributed.

Kidney beans boiled in the usual way and served with mayonnaise dressing make an excellent salad if placed on a bed of crisp lettuce leaves.

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is fitted with an Aluminum Screw Collar that securely holds the Nipple to the Bottle. It is impossible for the child to pull the nipple off the bottle, thus removing the danger of the child choking on the nipple, or drenching itself with milk. Can be used with any pull over nipple. Made in two shapes as shown by the cuts. If your druggist cannot supply you, send us 25 cents and we will mail you one of the round shape, complete with our Perfection Nipple.



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312 Market Street, Philadelphia, Pa.

To Clean Rugs.

Scrape hard the wrong side of the rug with a piece of smooth-edged board to loosen the dust. Afterwards give the rug a good sweeping and shaking (no beating).

For White Enamel.

Dissolve a bar of laundry soap in 2 pails of water, add 1 cup of ammonia and a cup of kerosene. Then scrub and rinse with clean water.

Apple Bread.

Stew the apples and afterwards whip them until they are light.

Use 1 part apples, 2 parts flour, the usual amount of yeast, salt, and a little sugar.

Knead well and set to rise for 12 hours, then bake in long loaves and in the usual manner as for other bread.

If the apples are very juicy, no water will be needed, except to dissolve the yeast.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
Pres., 140 Nassau St.

FRANCIS D. POLLAK,
Sec'y and Treas., 49 Wall St.

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JULY, 1908.

No. 284.

Some Points for the Summer.

Entering the season particularly dreaded by mothers and nurses, it is well to remember that forgetfulness and thoughtlessness add as much to its dangers as heat and humidity. Mothers and nurses are too apt to do simply as they are told, and physicians, in the greatness of their knowledge, are too apt to forget the little things.

Let it be remembered then, to save trouble, that the baby's cry is its only language. Not only pain, but discomfort; not only hunger, but thirst, not only temper, but indisposition, are expressed by the cry.

Quite as often as either pin-stick or colic, some slight cramp from a sudden movement, a wet or tight band or other article of clothing, will cause crying and restlessness. Bands are an abomination; children have no need of them, and when tight they are direct excitants of jaundice. A piece of soft flannel over the bowels is a necessity, winter and summer. The bowels should be kept warm, but never in the least constricted. So long as the baby's head is cool, its bowels warm and its mouth moist, so long health abides.

Most babies are bathed each morning and seldom oftener; many times a cross child may be soothed by a pleasant bath before its evening meal. All bathing should be done before meals, not after. Such an evening bath tends toward a good night's rest. Still, half the sleepless children would sleep if they were given exercise. A good practice is to let the baby lie on the floor and kick at the air; by throwing the sheet or quilt on the floor first, and having its edges raised, drafts may be avoided. Such exercise tires, but strengthens; and spine troubles and peevish nurses are not often seen in homes where this is the practice.

Diapers, pads, rubber cloths, etc., soon become hot, soon bind and smell, and without great care always chafe. The early use of the chair will do away with all and teach Baby healthful lessons. I have had babies at six, and even five, months prefer the chair, and fairly ask to be put in it. This accustoms them to regularity, saves mothers time and patience, lessens washing, and promotes cleanliness.

Thirst in the infant is nearly always mistaken for hunger. Give your crying child a little cool (preferably boiled)

water, using cup or spoon, or try tiny pieces of ice tied in a scrap of lawn, and see if it does not prove the very thing needed. Six or seven times every day babies should be offered drink; it regulates the bowels, cleanses the mouth and stomach, and prevents in a measure overfeeding.

Infants should also have salt, especially those hand-fed. Breast-fed babies have less need, yet nursing mothers should never forget to salt their own food. If we deprive animals of salt, they soon show the need of it. Adults of necessity satisfy their system with the inherent salts of many foods, yet our little ones scarcely know its taste. Every food should be tastily salted, and two or three teaspoonfuls of salt should be added to each bath water. Give plenty of salt and water inside and out, and you will see the mitigation of summer diarrhoea or its disappearance.

Discard the feeding apparatus. A spoon or cup will banish sour or dirty bottles, ill-tasting nipples, chipping glass tubes and decaying rubber, besides endless cleaning, the expense of breakage and, worst of all, the administering of wind to the child. It is not feeding to stick a nipple in the child's mouth and force it to swallow just so fast or choke. It is not healthful to have milk running out of the corners of the mouth down on the chest to sour and chill. Hold the child semi-upright and let him drink from a spoon or cup slowly, and you will find hand-feeding a pleasure.

Of food and feeding too much truth cannot be written. Overfeeding is surely the cause of the bulk of in-

fant sickness and death. It is certainly true that the smallest amount of food a child will thrive upon is the proper quantity. Here rigid rules won't work. Experiment is the teacher. A little knowledge of the physiology of digestion will help the mother.

There are two general kinds of digestion, one required for animal food, *i e.*, for meat, milk, eggs and fat; the other, for vegetables, *i e.*, starches and sugars. Now, the first is Baby's stronghold, the last its weakness. The steadier, up to the twelfth month, you persevere in animal food, the healthier, stronger and more enduring your child's constitution is likely to become. When you have found the food that agrees with the child, give it regularly, suitably, and give nothing else. For ten months, at least, the healthy infant needs neither fruit, vegetable nor flesh. Be not deceived, however many may be the example of omnivorous infants; however smart or cute it may seem to see Baby eat and drink, nibble and sip every course at the family table, this practice is always dangerous, ridiculous, ignorant and frequently fatal.

Then, don't let any one scare you about the evils of night air. In hot weather sundown is not bedtime, nor sunrise time for waking. The little one must be treated in some degree as we treat ourselves, and cool air at any time is better than medicine.

A means of health not utilized nearly enough by private families is sailing. A trip on any of the boats that ply about New York will build up the sickly, redden pale cheeks, sweeten

sour stomachs and soothe irritable bowels. Wrap the infant up warmly, and sit with it in the bow. Shelter its face from direct wind and let the sweet cool air have its own way.

Don't overfeed, don't disturb the quiet sleep that gently closes the wee one's eyes, and you will find good health in God's free air.

L. M. S.

A Plea For City Children.

There is one subject connected with the rearing of children that has been a source of pain and anxiety to me for years. I mean the freedom permitted to children in running the streets of cities and large towns. In this short sketch I must premise that I have nothing to say to the very rich or to the very poor. The wealthy rarely sin against their children in this respect. With a large staff of servants and governesses, ample grounds within their own homes, and means in plenty to provide toys, gymnasiums, gardens, and every other delight that the heart of childhood can desire, home is liable to be far more attractive to the young people of the family than the barren, empty streets. If not, there is every means and inducement for the parents to be firm in enforcing obedience in this matter. For the very poor, alas! there is no alternative. As a gifted writer has lately pointed out, they *must* live on the streets or die. Fetid as may be the atmosphere in some of the filthy courts of our back slums, it is pure compared to the air in the single, low-ceiled room, where perhaps six or more people sleep and eat and live, and which is of necessity breathed over and over again. On the streets, therefore, these children must live, and though they do not escape the hideous

evils of street life, because they are forced into it, yet it is not for such as these that I write. "Necessity knows no law."

It is the great middle-class element of our cities to whom I appeal. The dwellers in flats and cottages, owned or rented, who have means enough, and who could easily make leisure enough to bring up their children properly; yet who, through indolence, ignorance or self-indulgence, commit the sin against their offspring of which I speak.

I should be afraid to estimate how many times it has happened that a mother has come to me with a wailing story of the depravity of one or more of her little ones. "I went out to look for Elise this morning, and saw her—actually *saw* her—hanging on to the back of a wagon with five or six boys; and a buggy just tearing at full speed out of a side street almost on top of them. I expected to see her killed before my eyes. I gave her a good spanking and sent her to bed for the rest of the day. I'll teach her to hang on to wagons"—with a vicious look at the child if present, or raised voice that shall penetrate the poor little ears in their imprisonment.

Or—"Mollie came in to supper last night looking like a tramp. Her

clothes were wet and muddy up to her waist, and everything on her was torn. Tommy was in the same condition. They never came home from school till nearly seven o'clock. I don't mind their staying out, so long as they are home to supper and don't spoil their clothes. I'd rather have them out than in. But they must needs go and play on that vacant lot next to Jones's, that has half a foot of water on it from the rains of last week. They will get a good whipping."

Or—"Oh! Eva is of no use to me. She is more hindrance than help in the house. Twelve years old? I know she is, but I never see her except at meal times. As soon as breakfast is over she is out on the street, till it is time to dress for school. At noon she swallows down her lunch in five minutes, and is off to school again before she has finished the last mouthful. After school I never know where she is till supper-time, even if she condescends to come in to supper at all, which is by no means always. If I do keep her in and set her to do something, she does it so badly, and sulks and worries so to be let out, that she is far more trouble than help, and I generally have to do all her work over again after her. Oh, no! Eva is no use in the house."

These are no imaginary statements. They are verbatim reports. If I ask in reply, as I generally do, "Why don't you keep your children at home? You have a good yard—why not make them play there and bring in their little friends where you can see them?" the usual answer is a stare of astonishment and—"Keep them at home? Why I couldn't. They would not stay

in the yard half an hour unless they were tied." The uselessness of argument in these cases I have found too often, so the conversation usually ends here.

The trouble is that mothers of this class actually educate their children to live on the street almost before they can walk. "I like my children to have plenty of fresh air," they say with a wise look, forgetting or ignoring the fact that the air in the back yard is just as "fresh" as that on the street. "I like to save myself trouble and get the children out of the way" would be a more honest remark.

A few weeks ago, I was walking on a leading thoroughfare in a metropolitan city, where cable cars and other traffic are perpetually in motion up and down the street. As we passed a large corner store with residence flats above, we noticed a tiny stolid child, about two years old, carefully dressed in a clean, starched pinafore, and seated on a step at the side entrance of the building. Evidently it had been placed there by some older person, who had then temporarily left it to its fate. I looked at the little creature with some interest, but my companion, whose own children live on the streets, merely remarked, "Look at that child's pinafore." It resembled a set she had had recently made for her own much older children. As she spoke, the little thing rose, and ran with toddling steps away from us and into the road, just as a cable car swung around the corner at a high rate of speed. I started forward with a cry, but could not possibly have reached the child in time. Fortunately, a young man passing the spot saw the danger, and dart-

ed across the road, catching up the child as he passed, and almost grazing the grip with his right shoulder.

A small crowd gathered as he recrossed the street with the child he had saved, but no one claimed the little one. At last, the storekeeper came out, and pointed upwards with his thumb, across his shoulder. "Guess it is Mrs. Jenkins's kid, on the first flat," he remarked. A messenger was sent for the mother, who appeared flying. She was a young woman, and almost went into hysterics as she clasped the child in her arms. "I just brought her down for some fresh air. I never thought she would run into the street," was her excuse. "Better take more care of her in future, Mum," was all the remark the young man made, as he handed the child to its mother. Apparently, the latter had no idea that she was in any way to blame, for she kept repeating over the assertion, "I never thought she'd run on the tracks."

I could give dozens of such instances, all occurring within my own personal experience, and some whose ending was far more tragic than the one related above, which would be only examples of the thousands of catastrophes that occur in a great city every year to children left unguarded upon the streets. A few months ago a number of small boys were poisoned by eating samples of sugar-coated "nerve pills" that the agent of a patent medicine house was leaving at the doors. The pills were intended to be taken, probably, one at a time; and there were perhaps half a dozen in each box. But the boys collected a dozen boxes, or more, apiece, and ate

all the contents at once. One of them, seven years old, acknowledged to having eaten eighty pills. There was talk of prosecuting the agent who had distributed the samples, but nothing was ever done, and I thought that the mothers of the boys were those who should have been prosecuted.

No one can imagine the dangers to which a young child is exposed who is out on the streets of the city with no experienced person to look after him. Runaway horses, rabid or vicious dogs, wicked or insane men or women may attack or kidnap or otherwise injure them. I remember a case, once celebrated, where a child on the street was fed on poisoned candies by a strange woman whom he had never seen before in his brief life. The woman, however, had her motives, which appeared at the trial, and she was duly hanged. In the daily papers of this week in which I write, appears a case where a little girl of ten, playing on the street, was burned to death by the insane act of a boy throwing kerosene over her arm, then setting a match to her clothing. The boy was arrested, and it was stated that he had been reading dime novels and sensational illustrated papers. He was probably crazy; but if the little girl had not been on the street she could not have been selected as his victim.

Of course, these are isolated cases, but tragedies in infinite variety occur often enough to children on city streets to make them all too common. Besides such catastrophes as have been mentioned, the child is exposed to constant dangers from his own ignorance or foolhardiness. In playing indiscriminately with every child he meets, he

may be exposed to the contagion of various ailments that he might never take at all if guarded with proper care. There are mothers so reckless that they will say with regard to such diseases, "Oh, they must have them sometime, the sooner the better"; but the mothers who read *BABYHOOD* will indulge in no such false and wicked sophistries.

What, then, is the remedy for the deplorable state of things we see around us every day? It is easier to see and expose the evil than to lay down a specific remedy. So different are the circumstances of each family that every mother must regulate or remedy the evil as her conscience suggests and her condition of life, income, etc., permits. I will, however, make a few suggestions, drawn from my own experience and the methods of the few mothers of my acquaintance who are resolute in fulfilling their obligations to their children.

It is the duty of parents to govern, the duty of children to obey. It is also the duty for parents to teach their children obedience, and the lessons cannot begin too early. When obedience is once fully understood and assented to by the child, the rest is easy. Every family has, or should have, a large yard. In this yard, which is usually in the rear of the house or flat, the children should play on every pleasant day in the year. They should never think of leaving it or the house without the permission of their parents. They should be allowed to invite, at proper intervals, such of their friends among the children of the neighborhood as their parents know to be free from

vice, and of good principles, to play with them at home. The boys, if they have any taste for mechanics, should be allowed some corner of the house, basement, or out-house, for a workshop; and should also be provided with carpenter's tools and material to work on. A good plan, if they have regular pocket-money, is to start them with a few of the most necessary tools, and encourage them to get the rest, one by one, out of their allowance. Every girl over seven years old should have her own little bedroom, wherever that is possible, but if two must share the room, encourage them to take a mutual interest in beautifying it and making it into a little bower. Do not grudge them curtains, ribbons, etc., for ornamentation. Let them feel that they have a little sanctum of their very own, to which they may retire on occasion. Let both boys and girls have each a separate strip or corner of the yard for "gardens," and encourage them to buy seeds and flowers out of their own money. Children can be trained to enjoy such simple pleasures while they are very young, and many have natural tastes for them which need no cultivation. Let them have harmless pets, such as rabbits, birds, guinea-pigs, etc., and see that they give due attention to the wants of their captives. Let neglect be regarded as a grievous fault, since neglect means cruelty. When old enough, let both boys and girls have books, but only such as their parents have supervised and know to be harmless and beneficial. In a word, study the tastes of your children, encourage and provide simple pleasures at home, and make

home their Paradise in which are all their joys, favorite pursuits and companions.

Above all, let each have his or her home duties from a very early age. Let them feel they have a share in making and keeping the home they love. Let Georgie chop and bring up all the wood for the day; let Jack, as soon as he is strong enough, bring up all the coal. Let Susie's duty be to wash and put away the dishes after every meal, and Nellie make the beds, sweep and dust. Even Baby—well, the two-year-old can put away papa's slippers and bring them to him when he comes home. And let there be a fixed time for these little duties, which shall never be varied except for some serious cause. It is just as easy to

train a child from infancy to regular habits and to so love his home that he will not willingly be away from it, as it is to allow him to look for all his pleasure on the streets. It needs, it is true, at first, constant thoughtfulness, sympathy and work on the part of the parents, especially the mother, to provide and maintain such little pleasures, to oversee the daily tasks, and to teach the children to love them. But a rich reward is reaped at last, in dutiful, obedient children, who love home and parents beyond anything on earth, and who, as they arrive at years of discretion, will find their own home duties and pleasures, and reward their parents for their early efforts by developing into a pure and beautiful maturity.

G. R.

The Causes of Rachitis

Rachitis, or rickets, is probably an ancient disease. It is said that an old statue of Æsop, who was thrown from a precipice by the indignant Delphians 564 years before Christ, exhibited rachitis deformities, and Hippocrates, born 460 years before Christ, is believed to have alluded to it in his "Treatise on the Articulations." Occasional expressions in the works of Celsus and Galen, in the second century of the Christian era, have led writers on rickets to believe that they also had observed the deformities produced by it. But this disease was first investigated in a scientific manner by Whistler, Glisson and their contemporaries in the middle of the seventeenth century. During the last few years, physicians well-known for thor-

oughness and precision in the investigation of diseases have published the results of their experiences and clinical examinations relating to rachitis, and its causation, pathology and treatment are better understood than formerly.

Rachitis in its various forms is not infrequent. The late Dr. John S. Parry, of Philadelphia, stated that more than one-fourth of all the children between the ages of one month and five years who came under his observation in the Philadelphia Hospital during the three years preceding the publication of his monograph were rachitic. Dr. Gee, of London, stated that of the patients under the age of two years who came under his observation in the London Hospital one-third were rachitic, and Ritter von Bittershain said

that of 1,623 out-door patients under the age of five years brought to the clinique at Prague 504, or about one-third, manifested this disease. Recently Professor Henoch, of the University of Berlin, has published the statement that he has seen many thousand cases of rachitis, and he adds that its spread in the large cities of Northern and Middle Europe has been enormous. According to observations in New York, rachitis is most frequent and of a severe type in negro and Italian families, but is not infrequent in the families of emigrants from Northern and Middle Europe, as well as in American families, particularly those who live in disregard of dietetic and sanitary requirements. Rachitic deformities, if apparent, are a blight to one's life, and in the female during the child-bearing period they frequently lead to most serious consequences. But, fortunately, this disease is preventable by strict attention to hygienic requirements, and especially to the diet of children. For this reason the following remarks relating to the causation of rickets may be useful to the readers of this journal.

Inheritance.—Some patients with rachitis appear to have inherited a predisposition to it. Feeble digestion and defective assimilation in the infant, which are, as we shall see, important factors in producing the rachitic state, are often traceable to disease or cachexia of one or both parents. Among the parental causes may be mentioned poverty, hardships, and defective nutrition of either parent, age of the father, and exhausting discharges of the mother. The offspring of a tubercular, syphilitic, or otherwise en-

feebled parent is more likely to become rachitic than is one of healthy and robust ancestry. We will especially emphasize the syphilitic dyscrasia in either parent as a potent cause, but M. T. Parrot, in his thesis published in 1872, evidently went too far in attempting to show that congenital syphilis is the common cause of rachitis. Most rachitic cases are entirely free from the syphilitic taint, and a large proportion of the children who have inherited the syphilitic dyscrasia do not exhibit any signs of rachitis.

Anti-Hygienic Conditions.—In the damp, dark, filthy and over-crowded tenement houses of the city rickets occurs most frequently and in its severest forms. There can be no doubt that general malhygiene is a potent factor in causing the disease, and that it sometimes produces it in those who have inherited good constitutions. On the other hand, many children with healthy parentage and vigorous at birth, but condemned by poverty to a life of squalor and privation, do not become rachitic.

Food.—Of the anti-hygienic conditions which give rise to rachitis, the most common and potent appears to be the use of food not sufficiently nutritive, or, if nutritious, not suited to the age and digestive powers of the child. The use of thin and poor breast milk and artificial food of poor quality or not suited to the stage of growth and development is a common cause of rachitis. Those children who have been prematurely weaned, and who have been given a food which is not a proper substitute for the natural aliment, and those too long nursed by scantily fed and poorly nourished mothers, and

not allowed the additional aliment which they require, are especially liable to this disease. Those children whose digestive power is feeble from whatever cause are more likely to become rachitic than those who, in a state of robust health, have a hearty digestion. Hence we meet with rickets as a sequel of various protracted and exhausting maladies during infancy.

We might mention cases of rachitis occurring during the use of certain of the popular proprietary or commercial foods. We have examined the analyses of these foods made by Professor Leeds in order to determine what ingredient is lacking, and they are found to contain a considerably smaller percentage of fat than occurs in human milk. Too little fat in the food may, as Cheadle observes, be one of the chief dietetic causes of rachitis. Infants suckled by healthy mothers or wet-nurses who have an abundance of milk of good quality do not become rachitic as long as their nutriment is derived from this source. But those prematurely weaned and given a diet deficient in nutritive properties, and those who are allowed the promiscuous food of the table, or have largely a farinaceous diet during the first and second years, when the food should be chiefly milk, are especially liable to become rachitic.

It is an interesting fact, and one that throws light on the dietetic cause of rachitis, that it does not occur in Japan. Physicians who have had abundant opportunities to observe the diseases of the Japanese state that they have never seen or heard of a case among them. M. Renny, in his *Notes Médicales sur*

le Japon, says that the Japanese women have a remarkable abundance of milk, and that they suckle their young until the age of five or six years; but their children are also given artificial food after the first year. Renny's explanation of the immunity of the Japanese from rachitis is as follows: "The Japanese have always eaten plentifully of fats and oil of fishes, the blubber of the whale, the eel and loach especially. . . . The universal use of the food in question from the time of ancient Buddhist flesh prohibition, but especially the consumption of fish by the lactating women, together with the fish given to the children as supplementary, which at that time is allowed them by Japanese tradition, are, in my opinion, the main causes of the non-existence of rachitis in Japan."

Observations on the feeding of animals have also aided in the elucidation of the causation of rachitis. Guerin gave certain puppies a diet of meat four or five months, and they became markedly rachitic, while other puppies of the same litter, suckled by their mother, remained well. At a meeting of the Section of Diseases of Children of the British Medical Association, there was read an instructive paper on rachitis, in which it was said that the results of feeding young animals in the Zoological Gardens strongly support the view that deficiencies of animal fats and earthy salts are the most efficient agents in producing rickets. The writer states that in the Zoological Gardens the young monkeys taken from their mothers and fed with a vegetable diet, chiefly fruits, became rachitic. Such diet was destitute of animal fat and was deficient in proteids

and earthy salts. Two young bears were fed with rice biscuits and occasionally with lean meat, which they licked, but rarely ate. Fat, the proteids and lime salts were practically excluded from their food. The bears died of extreme rachitis while still young.

The writer also states that more than twenty litters of lions had died successively of rachitis, and the next brood were fed with cod-liver oil, pulverized bones and milk. In three months all signs of rickets had disappeared. The addition of fat and bone salts caused the change, and after eighteen months the brood of young lions were strong and healthy. They had received in every respect the same treatment as the litters that had perished, except as regards their diet. The latter had been fed with the carcasses of old horses, which are destitute of fat and whose bones resist the lion's teeth.

The theory that lactic acid is the causal agent in rachitis has been advocated, but in many cases of rachitis there is no evidence of an excess of

lactic acid; and an objection to the lactic acid theory, apparently valid, is that lactic acid produced by imperfect digestion would unite with a base, either the soda or potash in the blood, which is always alkaline, before it reached the osseous system. So far as appears from the records, deficiencies in the food may have been the cause of the rachitis in the various cases, or the lactic acid may have prevented proper digestion and assimilation by combining with one or more of the bases. The more the causation of rachitis elucidated by observations on man and experiments on animals, the stronger is the evidence that its chief cause is dietetic, that there is a failure to receive or to digest and assimilate certain important substances in the food, particularly the fat, phosphate of lime, and proteids. The deprivation of these alimentary substances produces the rachitic dyscrasia which is manifested by malnutrition in many tissues. Of course, general anti-hygienic conditions which lower the vitality may, as we have stated elsewhere, be a factor in causing rachitis.



Diseases Which Recur and Those Which do Not; Immunity and Protection From Disease.

Every one who has anything to do with children knows that it is much easier to ask a question than it is to answer one; children can ask questions which the wisest man cannot answer. Still, this manner of asking questions has its advantages. One of the greatest teachers of ancient times used to give all his instruction by asking questions; this was Socrates, and hence the method of teaching by questions is called the Socratic method. The asking of a question by an ignorant little child has put the wisest mind to thinking and directed it into a channel which has probably led to great results.

The science of medicine, as we may call it, is by no means complete, and investigators, in the endeavor to search out new and hidden truths, are continually asking questions. They ask themselves and expect Nature to give the answer. In some studies notably mathematics, there is no dealing with Nature, life and such mysterious agencies. In studying life and our existence, both in health and disease, we have to study the same being under so many different states and circumstances that the problem is so much the more difficult. In dealing with inert and lifeless objects one problem may be exactly like another, parallel cases may be identical; but in comparing two cases in life, two

persons, even twins, in health or disease, there are so many elements of difference that the comparison is not easy. We may have two persons, much alike to the casual observer, sick with the same disease, and the courses of this disease may differ so widely in the two individuals that a careless observer, or even one with some experience, may pronounce them different diseases.

The less control we have over any machine, whether living or not, the more trouble we have in the management of it. We take a machine that has been out of order, carefully examine all the parts, clean and put them together as they belong, oil them and set them in motion, and, all things being favorable, the machine will go on out of sight of the engineer as well as in sight, as long as the motive power is supplied. Most unthinking persons, and many who are supposed to think about most things, have an idea that man is made on this principle; and when sickness occurs in an individual who has been imprudent, or when a convalescent whom the physician has put in the way of getting well does some imprudent act as soon as the physician's back is turned, it is often the poor physician who has to bear the odium of lack of skill.

In treating any disease there are all sorts of questions to be taken into

consideration; and, hence, so long as man is made as he is and is not an inanimate machine, just so long will it be impossible to lay down a remedy which will cure a disease in every case. And yet how often do we hear the question asked, "Doctor, what is good for rheumatism?" or "Doctor, what will cure a headache?" or some such question, as if the treatment of disease was as easy as looking in a dictionary and finding the name of the disease with the infallible remedy opposite.

The treatment of any disease is by no means easy, especially when we have the patient against us. The dumb animals, infants and young children are in some ways more obedient, because they have not that "little learning" which makes them think that they know more than the man who has studied years, to cure them. An important element of help in treating disease is Dame Nature herself. Indeed, many diseases and perhaps almost all diseases have a greater tendency towards getting well than getting worse, and with some exceptions it is very likely true that many minor ailments and some apparently severe ones get well without the physician. This natural tendency towards health, like water seeking its level, is a great factor to be considered in treating the contagious and infectious diseases in children.

As has been said in a previous article, these diseases are caused by small bacteria or disease germs which are very prevalent and which are particularly abundant in crowded communities, in cities and in enclosed places where many persons congregate.

If, then, disease in the form of these bacteria is so widespread, why should we not all have every disease? That this is not so is very evident. Given a number of persons, say, young children who have never been sick, and let them all be equally exposed to a contagious disease, and some may have a very severe and fatal attack, some a slight form of the disease, while others escape altogether. Again, in many diseases, and in almost all infectious and contagious diseases, one attack protects future attacks. Why some persons are protected against disease and have what is called an "innate immunity," while others pass through a disease once and have what is called an "acquired immunity," is not as clear yet as physicians would like it to be.

This subject of immunity and protection from disease has been the groundwork of much scientific investigation and hard work; and if the results seem too theoretical to the practical mind, it must be remembered that it is by working in this very channel and direction that cures and specific cures for these dangerous diseases are to be found.

Of the following it is pretty well settled in general that one attack (with occasional exceptions) effectually protects from second attacks of the same disease: Scarlet fever, measles, smallpox, cowpox, chickenpox, typhus fever, cholera, whooping cough, mumps and yellow fever. Scarlet fever has been said to occur more than once in the same person, and physicians have reported second attacks of measles, but these are certainly exceptions. Cowpox, which is the result of vaccination, generally occurs but once, and when

the vaccination "takes," a second vaccination rarely affects the person, even if it has been done years later. Diphtheria probably occurs more than once in the same person if there is exposure, but even this is not universal. Of an entirely different order are such diseases as malarial fever, rheumatism, gout and certain other affections which are very prone to recur after the slightest exposure, as in the case of a common cold.

Now, there are different degrees of immunity, and probably immediately after convalescence from a disease the body is most fully protected, so that we say that immunity from a disease is much stronger after that disease than at any other time. It has long been noticed that after recovery from typhoid fever or smallpox the person feels much better than ever before, as if he had been made over again. This is only true after complete recovery. After an epidemic there is much less susceptibility, as the susceptible ones have been weeded out. Certain races seem to be particularly free from certain diseases. Thus, negroes are rarely known to have yellow fever, while it is very fatal to whites.

The explanations of immunity and protection have been various, and some are very ingenious. Theories have their uses, and in this case they have been the means of helping us to arrive at some definite conclusions. The constitutional diseases, like consumption, which is not looked upon as an infectious disease in the strict sense, rarely have an opportunity to recur. The most generally accepted theory of immunity and protection which has, for reasons unnecessary to state, to be

stated in rather vague terms, is that in a person who has been exposed to a contagious disease and escapes, there is a something, probably in the blood and in the tissues, which acts antagonistically to the bacteria which attempt to force their way like an enemy into the body, and destroys their vigor and thus wards off the disease. If the body is not in a condition to ward off the germs, the disease sets in, and according to the strength of the bacteria and the resisting force of the body, will be the character of the attack. So that, when we say an "attack" of a disease, we literally mean such an attack as an enemy would make. This something, which repels all future attacks of bacteria of a given disease, is strongest immediately after the end of the disease and may continue strong enough to keep off a second attack, or it may gradually weaken off until a second attack finds an easy victim. Even in such a disease as pneumonia (which was never supposed to be a germ disease, but a result of catching cold) there has been found circulating in the blood a substance (probably poison) which is very prevalent in the blood throughout the attack until the crisis appears, when this substance disappears and another substance (probably an antidote) comes on, and the disease clears up and the patient recovers.

Much good has been done by studying out these substances which circulate in the blood in the various diseases. The general line of treatment of all these diseases will probably be in the future on the plan of a vaccination, as in smallpox. When a person is vaccinated against smallpox he is

given a very mild attack of a modified form of smallpox which is called cowpox. Pasteur has adopted this method in treating hydrophobia. A dog with rabies or hydrophobia dies, or is killed, and from the animal the cause of the hydrophobia is taken, and a second animal, preferably a rabbit, is inoculated. When this animal gets a slight form of the disease another animal is inoculated from it, and this is continued until an animal is inoculated which does not die from the inoculation and yet which cannot get true hydrophobia. Then this substance is inoculated into the body of a person who has been bitten by a mad dog, and if the conditions are good and the work is done well, that person is effectually protected from hydrophobia.

It was in about this way that Koch intended to treat consumption. It is in this way that Pasteur protects sheep from a malignant and fatal disease called anthrax, and has been the means of saving much money to the sheep-raisers. The practical good in the cure of disease peculiar to man, resulting from inoculation, is as yet very small, except in the case of smallpox.

The outcome of all this is that mothers who keep their children in a healthy condition and attend to the simple rules of sanitation and diet will hold them in the best condition to avoid diseases which are prevalent, or lighten the attacks if they once occur. When a contagious disease once occurs it is not easy with our present knowledge to cut it short, and our plan is to keep off complications and lighten the worst symptoms. Indeed, treating some diseases, such as typhoid fever, has been compared to dealing with a runaway

horse. If we can keep it in the middle of the road and avoid obstructions, the disease will run itself out.

Some mothers think it is just as well for their children to have these contagious diseases and be over with them. That is bad policy. No one in this enlightened age should ever have smallpox. Strict and prompt sanitation, with effective quarantine measures rigidly enforced, should effectively keep down such diseases as typhus and Asiatic cholera. In large cities, where children meet each other in schools and at play, it is almost impossible to prevent the spread of the most common contagious diseases. When they do occur, prompt measures should keep each case from spreading further. Children up to the age of puberty, and even past this time, are developing, and if they can be brought past this time and escape these diseases, the strength of adult life may prevent their ever having them.

It can never be stated exactly when the protective influence of a vaccination or an attack of the disease itself will cease, and no fixed time can be named. It is popularly supposed that we change every seven years, but this statement is probably founded on the number seven which is such a favorite among numbers. After recovery from any of the contagious and infectious diseases there is an immunity established which continues for varying periods depending on various circumstances, and with our present knowledge it would be next to impossible to state this period in any disease. Experience has shown us that the chance of some diseases recurring is very great, of others very slight, while oth-

ers, again, are never known to recur. The study of that new part of medicine called bacteriology has brought us to the verge of possibility in the investigation and cure of diseases which is

fairly staggering. What changes will be made, and what additions will be made, to our present knowledge of medicine, the future can alone tell us.

Nursery Problems.

Change of Garments at Night.

To the Editor of BABYHOOD:

What do you think of a baby wearing the same undershirt night and day?

AN OLD SUBSCRIBER.

It is far better to change them. Of course, we know that an immense proportion of people do not, and seem to stand it. But physicians know, and most attentive mothers know, that the tender skin of a baby is less liable to irritation if the day garment is removed at night. In hot weather this is so emphatically true that the change is hardly a matter of choice.

Candy, Fruit, Sugar, Cake and Peanuts for Infants.

To the Editor of BABYHOOD:

Having received such good advice from you once before, I come again. I am a young mother, though I have three children, and those of my family who are older than myself think I am very foolish because I object to their giving the children sweetmeats and fruits all the time and at every season. Almost as regularly as their papa comes home in the evening he brings a bag of fruit or candy or peanuts from town, and just as sure as their aunt comes in the gate, a bag comes too, filled with cake, candy, etc., and then the little folks begin to "stuff," and if I say a word, they answer: "Oh, fruit won't hurt anybody and sugar is fattening," and the luxuries continue to come. If fruit is ripe and fresh, I don't object to their having some, but half-ripe fruit and the stale fruit that is bought from the stands I do object to. And all day long it is "Mamma, give me

some, sugar"; and though I never give it, others will, and consequently at meal times the children don't want to eat anything wholesome. If they want anything it is molasses or sugar or cake, if we have it.

You will greatly help one mother if you will answer the following questions:

(1) Do you think it well for children to eat fruit—even if ripe and fresh—all day long, so that at meal times they don't want anything else?

(2) Would you not consider a diet of sugar, candy and cake very bad for children of five and two and a half years of age, that is, to the exclusion of wholesome food?

(3) Would not all children be much better off if they never ate molasses and sugar and but rarely fruit and cake?

(4) Will anything that agrees with a nursing mother disagree with the baby? I am very strong and healthy and can digest almost anything that most people can, and I would like to know if such vegetables as cabbage, corn and cucumbers, if they agree with me, will disagree with the baby.

If you will answer these questions it will do more good than all my objections, for my friends think I am too young to know.

A SUBSCRIBER.

(1) It is not well for children, or for adults either for that matter, to eat fruit all the time, or even often, except at a regular meal time. In the first place, it is very harmful to eat anything at irregular intervals, "between meals" as the phrase goes, no matter how innocent the article eaten may be. As a reader of BABYHOOD you know

that we constantly protest against the giving even of breast milk at irregular intervals, whenever the baby cries. Even this natural food will not agree as well if so taken, and much of the digestive trouble of babies comes from the pernicious habit. Children's meals may be given at different hours from adults' meals, and usually young children require a larger number of meals. But food must nevertheless be always given at fixed times and in fixed quantities, with due allowance, of course, for unavoidable variations. If a child is to be allowed fruit or any other food it must be at a fixed time, and no one should be allowed to interfere with this.

In the second place, even perfectly ripe and fresh fruit is not good for all persons, though for most persons we think it is, in proper quantity and at proper times. Many adults cannot eat it at all without peril of some form of indigestion, and many skillful physicians forbid it entirely to those subject to that type of indigestion which produces the symptoms known as gout. Many persons of rheumatic peculiarities are also better without fruit. In childhood these peculiarities are less evident, but we believe that the children of families with these tendencies should not indulge in fruit too freely.

Whenever fruit is to be given to a child, it should be at table; for instance (thoroughly ripe and fresh fruit only being always understood), it makes a good beginning for the breakfast, and a good dessert for the midday meal. If the children are taking milk with the meal and the fruit is of a sort usually thought to be incompatible with milk, then let a regular hour in

the forenoon be taken, a sort of luncheon hour, to give them the fruit. It not only agrees better with them thus, but it teaches them the very necessary lesson that food is to be taken only at meal time.

(2 and 3) Sugar, meaning sugar by itself, or, used excessively in or on food, we consider as never desirable and usually as positively deleterious. Candy simply exaggerates the harm, because to the sugar is usually added something still less desirable. Some simple cakes are admissible, rich cakes not at all. Gingerbread and the simplest sponge cake are about all that we would allow children to have. Into the proper food of mankind a certain amount of sugar enters. But there are few vegetable foods that are commonly used which do not naturally contain sugar, or which are not partially changed into sugar in the process of digestion. Thus in the grains and their products a large amount of starch exists, some of which is changed into sugar. The same is true of many vegetables, potatoes, peas, beans, and the like. Not fruits only, but some table vegetables, most notably the beet, contain sugar; so do some varieties of Indian corn. It follows, then, that so far as the real wants of the system are concerned, very little sugar need be added to our food, if it be of a judicious variety. But on the other hand, to most persons probably, a certain amount of food recognizably sweet is a permissible luxury. Just what the proper limit is varies with different constitutions and digestions. The damage done to the teeth and to the digestive functions of children by the free use of sweets is, in the opin-

ion of observant dentists and physicians, very great, not to mention remoter dangers. It is a natural desire of parents to gratify the innocent wishes of their children if they may safely do so. Most children like sweets, although there is no doubt that the inordinate craving for them often manifested is the result of teaching, and no more a natural desire than is that for tobacco for instance. The best way, we think, to grant proper indulgence without harm is to give the sweet, be it cake, ice cream, sugar or even candy, at the end of a meal, determining in advance what each child shall have. Sweets before a meal spoil the appetite. As we have said, neither they or anything else should be given between meals. After a proper meal has been eaten, the permissible amount of sweet (better the simple cakes mentioned, a simple custard, very plain ice cream, or a sweet fruit, than sugar or candy) may be given as a dessert once a day. If fruit be found to agree, it may be given with more than one meal per day. Unripe fruit and such things as peanuts are not here considered. The particular dainty of childhood, the peanut, is still "to memory dear," but mature judgment leads us to say it should always be eaten, well roasted, at a meal, never before five years, and in small quantity only, until, say, ten years. Thereafter it may be allowed more freely, but it is objectionable except, like other nuts, at the end of a meal.

We have answered your questions very fully, because you are perfectly right in your contention; but you are hard placed. One cannot always be on one's guard against indiscreet rela-

tives. But for ourselves, if any one outside of our dearest relatives habitually brought such things to our children, we should request him or her to discontinue his visits. The society of no friend can repay for the mischief so done to the digestion of one's children.

(4) We cannot answer this categorically, but will give you what seems to us the truth in the matter. Some persons, generally not physicians, believe that many things thus "hurt the baby." Some physicians wholly doubt such effects. Our own notion is that most things that the mother well digests cause no trouble to the suckling. But there are some articles of food which contain strong volatile principles which are eliminated by the breast glands, and it may be that these things so eliminated may disagree. Take the three things you mention, we believe that the corn and cucumber are harmless if well digested. But we know that in the milk of the cow, for instance, the flavor of turnips, wild carrots, etc., are sometimes recognizable. It is probable that the flavor of cabbage might be recognized in breast milk. But even so, we cannot give you any specific instance in which it has caused discomfort to the child. We think it wise, however, if a child shows a tendency to colic or digestive disturbance, to avoid this group of high-flavored vegetables, such as turnip, cabbage, cauliflower. If the child is not colicky or disturbed, then there is nothing to consider.

Nursery Problems in Bulgaria.

To the Editor of BABYHOOD:

If you will be kind enough to answer the following questions, you will greatly oblige a foreign subscriber:

(1) My baby girl is six and one-half months old, and has been fed on the bottle ever since she was a week old. Now I give her to eat, once in three hours, 2 parts boiled cow's milk and 1 part boiled water. Are the proportions right?

(2) If they are, when shall I begin giving her pure milk? If they are not right, please tell me the proportions.

(3) Do you put barley water in the milk? If so, why and when?

(4) I want to begin giving her Nestlé's food. When shall I begin? How many times through the day, and is it to be given with a bottle or spoon?

(5) When do you think I ought to change the bottle for a spoon?

(6) I have another little girl, three years old. What fruits can I give her this summer and next autumn?

(7) What clothes (underclothing and dresses) must a little girl of her age wear through the summer?

(8) When a baby of six months or older has a convulsion from fever or something else, what is the best thing for a mother to do when the doctor is not there?

(9) When such a young baby coughs, what would you advise me to do?

A YOUNG MOTHER.

Samokov, Bulgaria.

(1) The proportion of milk for a mixture must vary with the quality of the former. You doubtless have read in our previous numbers of various mixtures or devices to secure a smaller proportion of casein without a diminution of the percentage of cream. Much, therefore, will depend upon the cream richness of the milk, either natural or artificially produced by allowing a partial rising of the cream before dipping off the top milk. Taking milk of ordinary quality, used fresh (*i. e.*, without raising of cream), a mixture of 2 parts of it with 1 part of water would be rather strong in casein for the digestion of most infants of six and one-half months. Yet some take

such a mixture without evident indigestion.

(2 and 3) Many children can take pure milk at a year old. Our personal preference, however, is to dilute the milk with some gruel, say barley water, oatmeal or anything similar, for some time longer. This dilution is not intended to diminish the amount of nutriment, but to present it in a less concentrated form. A pint of milk, for instance, plus a half-pint of diluent water, is just as nutritious and more digestible than the undiluted pint would be. But when the diluent is a gruel, a digestible and nutritious substance is added to the food, the same nutritive elements being continued when the child is old enough to take cereal preparations. The barley water is begun whenever milk is begun, and is used for dilution precisely as water would be.

(4) Nestlé's food is an infant food, and usually given, if at all, at the same time milk preparations are given, *i. e.*, when the breast fails. You do not say why you wish to change from milk, and so we suppose that it is for some reason of convenience. If this is so, that convenience must be your guide as to time of change. It can be given with bottle or spoon, according as the baby has learned to use the latter or not.

(5) There is no particular time. It is best to make the child very early acquainted with the spoon by giving drinking water in that way. Any time after twelve months, spoon-feeding may be taken up if you have the time to feed the baby carefully.

(6) We know very little of the fruits you have; but the orange is ad-

missible; figs, if you can get them fresh and ripe; the pulp of grapes, without skin or seed, may be given in their season. Avoid most berries, on account of their hard little seeds and the fact that the tough skins are irritating to the intestinal canals of young children. The pulp of very ripe fresh melons is admissible in moderation. But it should be always borne in mind that fruit is an indulgence, not a necessity, as a rule. Also the probable result of giving the particular fruit in question with or near to milk should be considered, as the latter must still be an important part of a child's dietary at three years of age.

(7) This depends upon climate. Our usual recommendation for any climate which may be damp, or in which nights are cool or considerable changes of temperature may occur during the limits of a day, is that a garment of flannel or of some light woolen fabric be worn, either next the skin or, in case the skin is irritable, with a soft linen or cotton garment under it. Also, that the body be evenly rather than heavily protected.

(8) There is little that a mother can do beyond removing the cause if she can discover it, and to give a warm bath. If, for instance, the convulsion were due to high temperature, the bath would help to remove the cause as well as to soothe the irritability. If constipation were the cause, an enema might relieve, and so on.

(9) Help it, by frequent change of posture, to get rid of any mucus in the air passages. Keep it warm, but not smothered, and get medical advice as to drugs if any are needed.

Condensed Replies.

P., Mexico, Mo.—Your statement involves a misunderstanding. Bicarbonate of sodium is not "an agent for the preservation" of milk. It can only correct any acidity already existing. Milk that requires such an addition is not desirable for infants' use if any other can be had, because, although the acidity may be chemically overcome, other changes which may have occurred with the souring and which are very likely more important in this connection may not be corrected. But on the other hand, bicarbonate of soda may be properly added to milk used as a food, at the time of using, to give it an alkaline reaction, just as is lime water, and is sometimes substituted for lime water when a laxative effect is desired. In the majority of cases probably lime water is preferable. The bicarbonate if added to milk is, of course, an "adulteration," because it has no natural place in the milk. It does not follow that it is harmful. But the council of hygiene did right to forbid its use by dealers, because it, by hiding the acidity, might favor the sale of spoiled milk. As a detergent in the cleansing of bottles and nipples we think it is harmless.

A. D., Savannah, Ga.—The disease is an infectious one, due to the child's eyes being inoculated by some discharge from the maternal passages of those who are suffering from such discharge at the time of birth, the active principle of which is a germ. It makes its appearance, therefore, in from 12 to 48 hours after birth, although three days is the usual time stated by the mother; or it may appear later, due to a secondary infection from improper

care in wiping the eyes with a handkerchief or cloth soiled by the discharge. It is characterized by redness and itching of the eyes, swelling of the lids, which is soon followed by a yellowish, creamy-looking discharge, which, when left alone, runs its course in about six weeks, and results in many bad after-effects that are more or less permanent.

F., New York City.—You can probably best make the change by substituting a cotton sleeveless waist for the flannel one, then a thinner shirt for the knitted one if, as we suppose, it is thick.

S. D., Battle Creek, Mich.—We cannot answer the question in the precise form in which it is put; that is, to say whether the severity of the disease is greater at seven or eight months than at a somewhat later period, because we do not know how much older children you have in mind. This, however, we can say: The mortality from whooping-cough—doubtless chiefly from pulmonary complication—is much greater in young children than in those of what is called “the school age.” In fact the mortality is chiefly under three, indeed even under two years of age. The actual loss, however, in children of ordinary strength and well cared for, is not very great, although among the poor and neglected classes the disease and its sequels account for a good many deaths. In the mild season the danger of pulmonary complications is less, and hence the danger from the disease is less.

W., Bedford, Me.—In a general way it may be said that if a child were urged to walk before the joint tissues were strong enough certain deformi-

ties might ensue, the injuries usually attributed to early walking being bow-legs, knock-knee and weak ankles. The phrase “weak ankles” generally means an ankle that is not firm in its support of the body by reason of relaxations of the ligaments, particularly those on the sides of the joint. Occasionally we see a “weak ankle” which is such by reason of a general flabbiness of tissues, the muscles of the leg which move the foot sharing in this weakness. There is a kind of knock-knee also due to relaxed ligaments, but it is not very common in children, being usually acquired later, as a result of injury, or of some peculiar occupation. Still, it is well to be on one’s guard in the case of a child that appears to be prematurely desirous of getting on her feet. She certainly ought not to be encouraged in any way.

M., Socorro, New Mex.—There is no serious objection to the bottle if the child is willing to take her milk from it. The dislike to change is often very strong in children. The attempt to teach to eat should continue, but she can get on very well on milk alone for a good while yet.

P. D., Milford, Mass.—Trim the nails as smoothly and evenly as possible, not too short, but short enough to prevent their breaking. The skin will not grow over them more than it should. The little film at the root of the nail is not harmful. When the child is older, if the film seems unsightly, it is easily removed.

D. T., Boston.—(1) A child of two months on the breast should have eight meals in twenty-four hours. They should be two and one-half hours apart (counting from beginning to begin-

ning of each nursing), except at night. A sample time table would be 7 and 9:30 a. m., 12 m., 2:30, 5, 7:30 p. m., again at mother's hour of retiring, and once more during the night. But if a child is a good sleeper, the suckling at the mother's retiring hour may be omitted. At three months the interval should be lengthened to three hours, at which it will remain until the child is a year old, unless sooner weaned. A sample schedule would be 7 and 10 a. m., 1, 4, 7 and 10 p. m., and perhaps once more in night; but after the child is five or six months old the night feeding should cease.

G. R., Greenville, S. C.—Your child, doubtless, will do well with the gradual increase; half-an-ounce increase once a month is about right. During the next three months, *i. e.*, until he is, say, nine months old, six feedings in a day are usually required, after that, five.

O. R., Springfield, Ill.—Jaundice of the newly-born is usually met within the first week of the child's life, and if it be marked will be of a hue approaching a canary yellow, this hue being distributed, and affecting the eyes as well as the skin. The fecal discharges are apt to be of a peculiar white color, if the meconium or first passages of the child have been discharged, and the urine will stain the napkin a yellowish-green. The child is apt to be drowsy and heavy, with little appetite; and the skin may be dry and harsher than usual. It is not often of serious import in these young children, and will usually disappear spontaneously within a week. In order to hasten its disappearance the child should be given some attention at the hands of a

physician, who will probably employ a small amount of calomel and soda, or some one of the many other remedies used to influence the secretion of bile. At the same time the nurse may often aid the physician, by applying over the liver a pad soaked in hot water, or hot water and sal-ammoniac, and protected on the outside by a piece of paraffin paper or oiled silk.

F. S., Bismarck, N. Dak.—Overgrowth of the nasal mucous membrane, bony and cartilaginous outgrowths from the walls of the nasal cavities, and lateral deviations of the bony and cartilaginous partition which separates the nostrils, may occasion a sympathetic nasal cough. These diseased conditions should be relieved at the earliest possible moment, in order that a chronic and, perhaps, an irremediable catarrh may not result from their presence. In the later stages of common colds, dry and hard masses of mucus sometimes become adherent to the mucous membrane and cause a cough, which may be relieved by the removal of the offending crusts with alkaline washes, applied in the form of vapor projected from an atomizer.

D., Middlebury, Vt. A baked sweet apple without sugar, the core and skin being thoroughly removed, is as efficient and safer than the raw apple. Oatmeal gruel, which the child may digest, is better than porridge, which it probably cannot digest. As to sweets, we think that they are likely to do more harm than their laxative value can correct. Fatty foods are usually more laxative than sweets. Hence, an increased amount of cream in a milk mixture increases its laxative tendency.

Nursery Superstitions

We are all said to be more or less in the grip of superstition. Every now and then we seem to escape and range freely, but sooner or later our pet superstition finds us out and then we are in bonds. We may not be conscious of them; indeed, the nature of their insidious influence rather depends upon the fact that we are not; but we can see our neighbor's easily enough, wondering the while at his strange credulity, and he laughs as he recognizes ours, all unmindful of his own. But the superstitions of which I write are neither yours nor mine, but those that hover about the cradle and attend the first steps of childhood. *We* all see the fallacy that lies in them, but we have neighbors and acquaintances who, alas! "having eyes, see not; ears have they, but they hear not," and it is for their benefit that these lines are written.

The mystery of the nativity is repeated with every birth, and it is not strange that there should come down to us certain of the crude fancies and ill-digested speculations of a former age. The wisdom of the ancients is at the foundation of many of those extant to-day, for their origin is very obscure and they have existed from a "time whereof the memory of man runneth not to the contrary."

The Second Summer.

The first nursery superstition that we will consider is the influence of "the second summer." That the second summer is especially fatal to infant life is one of the axioms of the nursery. To question it is to question

the law of gravitation or any other thoroughly established, well-digested or finally settled thing. If you state in a mixed company, in commenting upon the infant mortality of cities, that 50 per cent. of all infants there born die before reaching the age of five, you are met by the satisfied response, "Ah, yes, that terrible second summer." But statistics show that, in point of fatality, the *first* summer has many more victims than the second, and that with each additional day of the child's life he becomes more vigorous. And there is every reason why this should be the case. The perils that attend the transition that takes place at birth are many, and for some time there is an uncertainty as to life that lessens only as the days slip into weeks and months. The fault cannot lie with the *summer*, as what may be the second for this child is the fourth or the fortieth for other folks.

Then if it is not the second summer, what is it? Too many children die in their second summer, undoubtedly, but the trouble lies not with the second summer nor with the children, but is due to a combination of heat and improper food. Either alone is sufficiently serious, but the two combined are surely fatal. It is in the second summer, in most instances, that a change is made in the food of breast-fed infants and artificial nourishment is adopted, and upon the wisdom with which this change is effected the result to the infant largely depends. It is beyond dispute that the mortality in the second summer is almost entirely

from digestive and hence preventable diseases; it is therefore clear that, when the matter is carried to its last analysis, it is *the parents* and not the children nor the summer that must be held responsible for the fatality that does exist. It is too much to hope that this statement will lay the ghost of "the second summer" that has stalked abroad for so long as the destroyer of our children, but occasional resistance to the advance of superstition is called for by an ordinary degree of self-respect.

"Earache Is of No Consequence."

A second prevalent superstition is that an earache is a matter of slight importance in childhood and that it is dangerous to stop a running ear.

There are few superstitions of the nursery that have in them such possibilities of harm as this. Led by its influence mothers have neglected for months and even for years to attend to a persistent aural discharge that in its early stages was amenable to treatment, to find that, while they delayed, irreparable damage had been done. A certain element of truth is apt to be present in every widely held opinion. It is often small and out of all proportion, as in this instance, to the error that is present, but somewhere in the structure of the delusion it can usually be found. It is undoubtedly true that many earaches turn out to be trifling matters and that a long-continued running from the ear has finally ceased without interference or apparent injury; but on the other hand it is equally true that in a certain proportion of cases neglect has caused permanent deafness and fatal brain disease. We quote from an ar-

ticle on "Earaches" in a former number of *BABYHOOD*:

"All so-called earaches are not trivial matters. In almost every instance, in children at least, they signify the existence of inflammation in the drum cavity, the most important part of the ear. In a very large proportion of the cases the inflammation will subside spontaneously and upon its subsidence the earache will disappear. In a minority of the cases, however, the inflammation will not subside until after it has ruptured the drum-membrane, and has perhaps done other damage. It may even, if not mitigated in its severity, lay the foundations of an ultimately fatal disease. No amount of skill and experience will enable the physician to determine at the onset which earaches are to be harmless ones and which the forerunners of more or less serious disease of the ear. In the light of these facts, will any seriously minded person feel disposed to consider an 'earache' as a trivial matter? Is it not far better to act upon the principle that each case should receive its full share of attention, and so to remove it if possible from the category of the serious exceptions?"

"Have Measles and Done With It."

"All children must have measles, or *ought* to have." Mothers are very apt to think that this is a mild and rather unimportant disease, and children are often exposed to contagion under this impression. Indeed, there is a feeling that they must sooner or later contract it, and that for some reason the present is "a good time" for them to have it. Acting on this belief, we have known mothers to deliberately expose their children to the disease in order that they may have it and be done with it. But measles is attended with a considerable degree of fatality, and in the reports of boards of health approaches and at times equals that of scarlatina, the dangers of which no mother questions. The complications of measles

are often very serious, and sometimes result in damaged sight and permanently enfeebled lungs.

No child *ought* to have any preventable disease. It has a right to every care that can hedge it in from exposure, and failure to properly protect it implies a certain measure of neglect.

Amber Beads.

That croup, quinsy, epilepsy, nose-bleed, can be prevented by wearing amber beads, black silk cord, neck-bands, etc., is a superstition by no means confined to the nursery, and seems to have come down to us from very ancient times. In some one of its forms the idea that diseases may be prevented by the wearing of charms or amulets is very widely held, and its tokens might be found upon the persons of a surprisingly large proportion of our acquaintance. From the "rheumatic ring" to the potato in the pocket, and from either to the neck-band of black silk cord, the step is a slight one, and involves the mysterious influence of the unknown and unknowable in the healing of diseases.

It is gratifying to some people to feel that healing is not dependent upon books, but is sometimes determined by laws that are occult and uncanny. "It is all very strange," they will assert, "and, of course, there is nothing in it, but ever since Carrie has worn the beads she has not had a single attack of croup, and she used to have one every week before" (the latter part of the sentence very triumphantly spoken). Amber beads are thought to possess electrical qualities, and in some obscure way are believed to heal by the exercise of this power.

The diseases in which amulets are used and which chiefly give rise to superstitious regard, are uncertain and erratic in course and subject to sudden and mysterious changes. The credit given to the amulet would be assigned to any other article or remedy that might have been in use at the time the change occurred. Of course, all these articles are entirely worthless, and can have no influence upon the course of any disease.

Various Other Mysteries.

"Long hair causes weak children." It is clear that length of hair can bear no real relation to vigor of physique, since it occurs in the strong as well as the weak. Vigorous constitutions do not always accompany scanty locks, nor are the feeble and puny always hairy. Even were this fancy correct there would be no advantage in cutting the hair, as the growth would continue. The idea has probably originated from the fact that long hair frequently accompanies feeble constitutional types.

"There is but one other prejudice," says Dr. A. Jacobi, "that is quite as ridiculous as this one—namely, the notion that a seven-months' child will live, but that an eight-months' child must die. Do you know in what way this belief was explained by a great professor at Padua, who made himself the mouthpiece of all the wise women in the world? Simply thus, and I hope you will remember it: In the seventh month of the development of the child, Luna (the moon) holds sway. She aids the vitality by her humidity—as for that matter the moon is quite dry, and it is the nights that are damp—and by the light derived

from the sun. In the eighth month Saturn governs. He devoured his children and still carries on the business. The ninth month sees the sway of Jupiter, the dispenser of life, and this is well for the children."

That a child whose nails are cut before it is a year old will become a thief, will, perhaps, be read by some with a smile of incredulity. The superstition against cutting a child's nails during the first year is a very ancient one, and there are many who bow to it. It will be readily believed that the omission of all processes in nail trimming for a year would result in Baby's developing a formidable set of talons. It being necessary, then, to do something, credulous ones have usually compromised by *biting* off the redundant tips. This is apt to cause hang-nails and other disfigurements. Cutting is much better, and anxious mothers can rest assured that by so doing the future of their offspring will be in no degree imperiled.

Milk will never disagree with a baby who is allowed to "taste" everything mother eats. This superstition is variously stated in different quarters, but the burden of it is the same, in that Baby's stomach has to bear it in all cases. The crudest notions founded on the most immature inexperience are allowed to dictate a diet impossible to a young ostrich. Here is a man who, deciding out of his ignorance, that "all tastes save that for milk must be acquired," began to feed his six-months' boy a taste of everything he ate himself. It made no difference to him that the glands necessary to digest this varied diet had not yet been created in this boy's system,

and he did not trouble himself to inquire upon the subject.

"It is dangerous to 'drive in' an eruption." This statement requires considerable qualification, the central idea in all probability being derived from experience with the acute eruptive diseases of childhood. In measles and scarlatina it is desirable that the eruption shall be fully developed, and that no recession of it occur. This condition is accompanied by greater comfort to the patient and moderation in the course of the attack. But in the general and usual application of the phrase it is a genuine and dangerous superstition, since it advises a neglect of serious and important conditions.

All forms of *skin* diseases should be healed as soon as possible. You cannot "drive in" such an eruption by healing it, and the cases in which an eruption has faded at the onset of an acute illness do not belie this statement. Two diseases cannot go on in the system simultaneously with the original activity of each. Modifications will occur. Where a skin disease is present and an acute illness supervenes, the eruption quite generally fades. This does not indicate that the skin disease has been "driven in" upon some internal organ, but that the illness has caused the disappearance of the skin disease.

"Gritting the teeth and itching at the nose are certain signs of worms." There is a very prevalent belief in the community that the presence of worms in the intestines is the cause of very frequent disease in early life, but as the means of understanding the ailments of childhood have increased, the

idea has been gradually abandoned by the profession. There is still no doubt that they are an occasional cause of irritation and even serious derangement. On the other hand, it is also true that in the large proportion of instances the symptoms thought to be due to worms proceed from some irritation, very often of indigestible food, in the digestive tract. In these cases worm medicines do no good, as they only serve to increase the irritation. All the symptoms popularly supposed to indicate the certain presence of worms may be caused by disturbance of digestion, and it is wise to defer the administration of all worm mixtures until worms have been found in the stools.

That the middle child of a family of children enjoys especial vigor is a fancy that has been commented upon in these columns in connection with a statement attributed to Mr. George Bancroft, who gave as one reason for his longevity that he "was the middle child of his father's family, equally distant from the youngest and oldest." Granting maturity in both parents, it is difficult to believe that the middle child would have any physical advantage over the elder children, or, if health and vigor were maintained,

over those that followed. In large families the later children, born after some decay in parental vigor has set in, do often manifest a lack of stamina not noticeable in those earlier born. Children born of immature parents are apt to be wanting in vigor, but in the absence of qualification the advantage possessed by the middle child is more fanciful than real.

That Baby, to be successful in life, must go upstairs before he goes down, is one of the few nursery superstitions that exert no pernicious influence. It is fortunate that we can so easily forecast the future and so simply ensure fame for the little one. It is also fortunate that we cannot then know how far the prophecy is to be verified.

If it is true, and we have every reason to believe that it is not, that cats suck the breath of sleeping infants, it must be very bad for the cats. The air expired in respiration contains too much carbonic acid gas to be healthful, even for nine-lived puss. No; the cat seeks the cradle because it is soft, and snuggles up to Baby because he is warm. Banish her by all means from such a nest, as her weight may sometimes rest upon Baby's chest and thus embarrass respiration.



The Mothers' Parliament.

Systematic Sightseeing.

If one afternoon in a fortnight were set apart for the purpose of a short excursion, with the definite end in view of discovering or observing or visiting some particular object, whether in city or country, think of how much would be accomplished in the way of sight-seeing, which, if left for "a convenient time," that is, an unappointed date would never be done at all. If there are no disturbing circumstances, there would be, in a year, say, twenty excursions, each bearing results of interest and value. They need not involve more than a trifling expense, in some cases none at all; and as to time, only such time as would necessarily be devoted to *something*, and why not something systematic as well as hap-hazard?

Acting on this theory I undertook some time ago to ensure my little folks a certain amount of sight-seeing which I knew they would enjoy and profit by. Residing in a suburb of New York City, my husband and I have often realized how many places there are which our children should visit, not only for the information they would gain as to the special place, but for the wide association of ideas that each visit would bring concerning similar things; and we made a beginning with the Natural History Museum, in Manhattan Square, on the west side of Central Park. We found that for little ones of a maximum of eight years the single floor devoted to birds was quite enough to occupy the time of one visit. Indeed,

a single glass case was sufficient to keep one little pair of sharp eyes riveted for a quarter of an hour. Now, what one sees in this world depends entirely on his powers of observation. A Darwin or Lubbock or Agassiz sees nothing that has not been seen ten thousand times before him; but he sees it in a different way, and it opens worlds of wonders. So one of our little party would see in the details of color or form or plumage of one of the astonishing collections of stuffed birds before us what another would not, and *vice versa*; and we were soon charmed to notice how admirably our plan was working, and how the main point of our visit, the developing of a *taste for observing*, was being accomplished. It would be pleasant to recite the full story of the hour spent on that floor, but space does not allow, and I can only say that in that one visit so much was noticed that it has been a text for constant allusions ever since, and that it whetted the appetite for a second trip, which proved more profitable than the first, because things were now seen more intelligently. Another visit then was appointed for the floor devoted to stuffed animals, and another to the collection of shells, etc. By this time the little minds were beginning to think out for themselves what a museum—of which they had often heard—really was, and what time and labor must have been expended by somebody, or a good many somebodies, in getting together from so vast an area, and classifying and

arranging so beautifully, one or more specimens of each interesting thing; further, they were not too young to appreciate the boon of this marvelous exhibition being free to all.

Lest the reader should suppose that a system of advanced education was being formulated for infliction on helpless subjects, I will state that our next trip to Central Park was for recreation pure and simple. It consisted of a sail on the lower lake in the swan paddle-boats, a ramble along the Mall, a ride in a goat carriage, a visit to the cave, and then a return home lest toddling feet should get too tired. Another visit of recreation was to follow, to comprise the menagerie alone; but lest the Park should become monotonous, a break was made by letting the next excursion consist of a visit to Trinity Church steeple.

To old folks this may sound like a commonplace "excursion." But we all have had to see everything for the first time, and a look at the big bells on our way up, and all the arrangements of the clock and the chiming apparatus, holding our ears as we watched the latter in operation at one of the quarter-hour intervals, well repaid the interested tourists, young and old. And there is no denying that our little girl and boys have a more intelligent idea now of what a city is, having seen its busiest streets and largest buildings and semi-circle of docks from that aerial observatory, than they would have attained in years of ordinary travel through it.

Next we paid a visit to Cooper Union Library, not with the vague idea of visiting a public library, but

with the specific purpose of spending half an hour over a large illustrated volume of great interest to all of us, which *Pater* had first assured himself was there. Incidentally, the children were interested in the idea that so large and commodious a room was devoted to books and newspapers, for the free use of all; and now, when an allusion is made to a public library, no explanation of it is needed, especially as we stopped a moment, after we came out, just to take a look in the Astor Library around the corner. That evening papa gave an interesting description of the great library of ancient Alexandria, ending the story with the tragic account of its loss; and as we are a family of book lovers, even little four-year-old was impressed with the calamitous character of the event, and all were anxious to know if the Cooper and Astor libraries were fireproof.

A visit to an ocean steamer—one of the largest—came next. It is hard to omit a full description of the wild enthusiasm of our party, as every detail of this floating wonder was examined; but we must pass on. The High Bridge proved an enjoyable shrine. Papa joined us by appointment and surprised us with a row-boat, after we had supposed our excursion ended, and took us under one of the great arches, where it seemed as if little throats would never tire of inventing noises for testing the echo. The great Washington Bridge was, of course, included in this trip; and I am sure that no pictures or accounts of bridges and arches could expand these little minds as did the sight of the eyes on this occasion.

We have in reserve a walk across the great suspension bridge to Brooklyn, which we intend to make deliberately enough to examine it and see if we can understand the statement made at the opening ceremonies, that there was no known science of the present day that had not entered, more or less, into some detail of its construction.

I need not describe the remaining half-dozen of the excursions we have made, nor the dozen we have planned as I have said enough to illustrate my purpose. If these trips had not been made *systematically*, perhaps some, or possibly all, would be made some time or other, but most of them, I fear, far in the future. We are making our hay while the sunshine of childhood, health and various other favoring conditions exist. I am indebted for this idea of doing things by system to the article by W. P. Garrison in your excellent magazine many years ago, entitled "The Nursery Time Table," and have learned how much may thus be accomplished which would otherwise not be done at all, though always anticipated. I should add that not all our trips are designed for sight-seeing. Within a short distance of home we can take numerous walks to woods and fields and brooks, and these little excursions are certainly more profitable for the variety we have had in our other trips.

Of course, not all families are so situated that cities may be easily visited. But there are many things to be seen of equal interest near every one's home which frequently are not visited at all. How common it is for

visitors to be told, on inquiring about some special thing of interest in the vicinity: "Oh, it's right across there, a short distance; but we've never been there." In many cases we visit specially years afterward what we might easily have seen near home.—J. D. D.

Holiday Work for Little Hands.

Children cannot learn any too soon that "it is more blessed to give than to receive," and nothing will impress the joy of giving more distinctly upon their minds than the preparation of little articles to be given to those they love. With some such special object in view, their manual training goes on in a right way; that is, their work is a pleasure and not a task.

The friction caused by children being obliged to do that which they dislike or take no interest in is as wearing to their physical and mental natures as to an adult's. If they are patiently assisted and guided in their work there are many pretty and useful little things that baby hands can make. A pen wiper which is in daily use was made by a little three-year-old for her papa. A two-inch strip of velveteen was cut off, about twenty inches long, and this worked on the edge with yellow silk, then gathered up to lie curled around, and a little bunch of yellow cord sewed in the middle, where it was drawn up.

A garment of gentleman's cloth may be utilized in different ways if the goods can be turned. Take a cup and let the little one mark out a circle with it on the cloth with a piece of French chalk; then cut two smaller circles, each graduated. These may be button-holed with silk, or, if the

child is too young to do this, it may be simply over-cast. Mamma can buy a toy animal or a piece of artificial fruit and sew on the top; or if the child can outline, mamma may write out the words: "Papa, from his loving Edith, Xmas, 1907," and stitch by stitch the precious words will grow and become more beautiful to the eyes of love than any letters of gold.

Various articles may be made from a chamois skin. Cut a piece in some fancy shape and get the child to draw a leaf or a flower upon it, and then with a few water-colors, it can be painted. The autumnal tints of the leaves will be fresh in the child's memory. A pattern can be stamped and its outlines traced with a small pen and carmine ink. These little gifts may be spectacle wipers, pen wipers, nail polishers—the recipient of each gift deciding its nature.

Almost every mother will know how to fasten four pins in a large spool and make a little knitting machine, dear to childish hearts. White mending cotton may be used to knit a long coil and then it can be sewed round and round to make a table mat. A few minutes' work every day and the rope will grow—and how delighted auntie will be with her mats. White lace fullled around the edge makes a pretty finish.

There is no end of delight taken in making scrapbooks for brother and sister and little cousins. Let the children do all the work and so learn to handle scissors, brush and paste. Pretty sachet bags made of ribbon, a ball of string in a crocheted holder, pin balls, a book of "funny" pictures made for papa to laugh over—there are so many things you will think of if you once turn your attention in that direction. A package of colored tissue

papers and a bunch of green wire for stems will produce wonders in the flower line, and mats and balls can be made by the smaller children.

If a child can handle a needle well, a very novel and handy gift may be constructed out of a worn shoe of baby's. Gild the shoe all over and put in a ball of twine, pulling the end out through the hole in the toe (of course, baby's toe has worn through), and cover the top with material suitable for a pincushion, stuffing beneath with fine cut woolen. A similar little shoe may be fitted up with needles and thread, buttons, etc.

Whatever work they attempt, have the children begin in good season, that they may have time to do their things nicely and without the hurry and worry of a limited time for accomplishment.

A. C.

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THE CONTEMPORARY PUBLISHING CO., 5 BECKMAN ST., NEW YORK.

Dietetic Treatment of Rheumatism in Children.

Dr. W. Gilman Thompson read this paper. He said that the dietetic treatment of rheumatism had been particularly disapointing, as was often the case with climatic and other hygienic influences. If it were admitted that rheumatism was an infection, there was no reason for believing that it could be influenced specifically by any preventive diet. Rheumatism which produced rapid anemia and digestive disturbances might be aggravated by overfeeding, or a convalescence prolonged by underfeeding. The dietetic treatment of this disease was completely covered by the fundamental principles of feeding any child, namely, to select foods for their digestibility and to meet the demands of growth and development. During an acute attack the diet did not differ from that of an adult, which should consist of milk and bread or crackers and milk. For some time with milk the diet should continue to be chiefly farinaceous, but not saccharine. A little later it might be varied with broths, soups, chicken tea, custards, plain gelatin foods, etc. It was safest to allow no red meats for at least ten days or a fortnight after the subsidence of all fever and other acute symptoms. In cases of retarded convalescence there was less risk of inducing relapse by an increase in proteids, etc., than in prolonging the impaired nutrition and failing to increase the resisting power of the body. He thought that it was undesirable to withhold meats and sugars continuously with the idea of preventing a recurrence of the disease, although

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these articles of diet should be restricted within moderate limitations. The growth and development was more urgent than the alleged specific influence of any one variety of food. Even in cases complicated by chronic nephritis he had seen a decided improvement follow a reasonable addition to proteid food to the dietary. He encouraged the drinking of a copious amount of water at all times, but especially during acute attacks. The addition of fruit flavors would aid in the attainment of this object. In rheumatism there was no food or single class of foods which was curative, and there was none which was causative of the disease.

Veal Olives.

Veal olives are made from a thin slice of the leg, cut in pieces the size of the hand; spread these with a nice forcemeat, roll up and tie; fry out two ounces of salt pork, saving the pork for a garnish; dust the olives with flour, season well, brown in the pork fat; cover with boiling water and let them simmer slowly till tender. Two young French carrots and four button onions may be added during the cooking, and improve.



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Eggs a La Reine.

Suppose one of two things—either that mushrooms are in season (the field mushrooms which may be had for the gathering) or that fowl in some shape has preceded the meal at which they are to be served. Toast a square of bread for each person and lay on it a nicely poached egg; pour around a white sauce to which a few table-spoonfuls of sliced mushrooms or diced chicken have been added; sprinkle with fine bread crumbs and set in the oven for two minutes.

Scones.

Scones for four persons require a cupful of flour sifted with two teaspoonfuls of baking powder and a little salt; rub through this butter the size of half an egg, using only the tips of the fingers; stir in with the blade of a knife a well-beaten egg, and add as much rich milk (less than a gill) as will enable you to roll them out on a floured board; cut in squares, brush with the beaten white of an egg (reserve a part of the white from the egg

mixed with the flour), sprinkle with sugar, cut in diamonds and bake in a quick oven.

Let the beefsteak for dinner be either a thick sirloin or round, and in either case cut from the toughest portion enough for a beefsteak pie. Two bananas, sliced lengthwise, fried and served with the steak at dinner gives a nice change. Lay aside also several small thin fillets cut from the steak for Tuesday's breakfast, and by giving these a quick pan broil and serving them with lyonnaise potatoes, the man of the house will not remember that he has had beef three times in succession.

Hasty Biscuits.

Hasty biscuits require one cupful of flour with half a tablespoonful each of lard and butter rubbed through, two teaspoonfuls of baking powder, or, if rounded, one, and a little salt; wet with cold milk till they will drop from the end of a spoon on to a buttered pan; brush over with milk and sugar and bake in a quick oven.



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Croustades.

Croustades make a nice impromptu dessert. Stamp with a cake cutter slices of stale bread nearly two inches thick; scoop out the centers, brush over with melted butter and set in the oven to brown lightly; fill with any kind of marmalade or jam and serve with cream or rich milk.

Delicious Muffins.

One cupful of cold oatmeal with one and a half of flour, four level teaspoonfuls of baking powder, one beaten egg, a little salt and half a teaspoonful of sugar; wet to a rather stiff batter with milk.

China Chilo

This inexpensive dish makes a nice change from the beaten track. Mince two small onions and a head of lettuce, if not costly, or you may substitute four stalks of celery, cut small; fry soft in a little butter; add a pint of uncooked mutton, cut in dice, and half a pint of water or stock; cover closely and simmer gently for an hour and a half; add a pint can of peas just before serving and dish the whole in a border of rice.

Eggs en Surprise.

Have ready a large baked potato for each person; cut a slice from the top and scoop out the center, mashing it fine with butter and cream, and

adding a teaspoonful of minced ham for each egg; line the potato skins with this, leaving room for a poached egg in each; cover with the mashed potatoes and set in the oven to brown. Minced chicken and mushrooms may be used instead of the ham. This makes a nice course for a company luncheon.

Soup a la Soubise.

Soup à la soubise, as given here, is a modified French soup, both cheap and good. Take two large Spanish onions and slice very thin; fry in a tablespoonful of butter, covering the pan and steaming rather than frying, as they must not color at all; add a quart of any kind of thin white stock (white stock is made from chicken or veal); simmer half an hour and press through a sieve; wet two rounded tablespoonfuls of flour with enough water to pour easily, and thicken the soup when it reaches the boiling point.

Home-made Couch.

The foundation is a thirty-inch strip, sawed from a spiral spring bed no longer in use. At each corner were nailed pieces of wood about ten inches long and sufficiently strong to allow the fittings of castors. I also braced the sides and ends of springs by nailing on two-inch boards. I made a cotton-top excelsior mattress, covering all with denim cover made to fit mattress and with valance that reached the floor. This couch is six feet long, low, broad and more comfortable, every one declares, than any "store" couch. It has been in use ten years and is still a "joy forever."

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A Round Bolster.

With a small compass saw cut three circular pieces from a light-weight pine board. Take a pasteboard—the boxes in which furs are packed is best, because soft and pliable, and can be cut in long pieces—tack this securely to the circles, placing one in the middle and one at each end, only having it go half-way round. Cover with some dainty colored cambric; make a slip of curtain swiss, and you have a very pretty bolster which has cost a few cents and a little time.

Where to live and how to live on a modest income is the all-absorbing question these days. Co-operation is the best plan if several congenial people can be found. One family of five are living on \$8 each per week, which covers the rent, gas, telephone, maid's wages, and food. The rent, which is \$50 per month, is for an apartment in a very good neighborhood. The table is plain but whole-

some, but, of course, meat cannot be included in the menu for breakfast. The first meal consists of coffee, cream, toast or rolls, fruit, cereal or eggs, and occasionally bacon. There is no lunch on week days except for the maid. For dinner meat or fish is always on the table, two vegetables, a salad, and dessert. Board in pleasant surroundings and a good table cannot be had for less than \$10 per week in this city, except in special places. On the co-operative plan one has a home and can entertain with little expense. It is not well for one to live alone in a furnished room or apartment, for one gets the habit of trying to save money at the expense of food, and nothing can be worse or more harmful. Young women who get their own breakfasts and practise "light housekeeping" often come home too tired to get a substantial meal. They think a cup of tea and some bread and butter will suffice.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

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I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
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I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

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C. H. EMMONS, M. D.,
Portland, Me.

To keep the house free from infection in winter, say Dr. Kate Lindsay, every room should be well aired daily, and the sleeping and living rooms so located that the sun will shine into them for at least a part of the day. Hardwood or varnished floors with rugs, which can be taken up and shaken frequently, are better than carpets. Night and day fresh air should flow freely into the rooms and the foul air out. This does not mean cold rooms, although overheating should be avoided.

All bedding and clothing should be aired and sunned out of doors at least once a week; bedrooms have windows left open day and night, and the bedclothes turned back over foot of bed so that it can air all day long if possible. The neat housewife may regret that her bedrooms are not as artistically nice looking, with sheets and blankets turned back over the foot frame, as if made up and bedding tucked in and covered with lace spread and pillow shams. But evidences of external cleanliness, like the old-fashioned valance, may cover a multitude of germs and much foul skin and breath exhalations from the previous night's occupation.

Accessories play a most important part in costuming, and among these jewelry is the feature for first consideration, for a great deal of attention is given to it. It is not now enough that one's favorite jewels be bought and paid for. Each separate one is matched to the dress fabric and to the other jewels. Topazes, amethysts, cornelians, and amazonite are all put into settings of metal, and precious and semi-precious stones are set together. Antique effects are much sought—high back combs that

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look as though they must have come from among grandma's attic treasures; hat pins of beautifully wrought cameos, chains, pendants and earrings.

Earrings and ear balls, which fashion has been slow to readopt, are now almost as generally worn as bracelets. Large pearls have smaller pearl drops pendent from tiny chains fully an inch and a half long, and are quaint in the extreme, but wonderfully becoming to a certain type of face. A buckle of old silver shows an exquisite combination of Egyptian and modern tracery; another is in Persian effect, showing a wonderful combination of colors in French enamel, and still another is a facsimile of a hand-made one of gold. Beads, graduated in size from a very small one to a very large one in the centre, strung on a chain or put together with flat links, sometimes set with tiny jewels, and long strings of them worn like a chain with pendant attached, are both extremely popular. Brooches are some of them of really magnificent proportions, others are dainty and delicate. One beautiful brooch consists of a large oval amethyst surrounded by a narrow rim of gold and clusters of three tiny diamonds set at intervals around it in a setting of twisted gold.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,

Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed:

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Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
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buttermilk, one-half cupful of molasses, one tablespoonful of vanilla and one-half pound of currants, if liked, and mix enough flour to make stiff dough; roll very thin; cut out in circles.

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there are cleats underneath to prevent its slipping. It exactly balances, and Kitty, whose legs are longest, mounts first and rises on her toes while Bud climbs to position. When they wish to stop, Kitty settles back holding fast the hand rest, and keeps her end down until Bud is on *terra firma*. At night we lean the long board against the wall. The board also serves, when laid from trestle to lounge, as counter or table according to the game we are playing.

M. D.

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The Management of Infants During the Summer.

With the approach of the hot weather, the question as to proper care of the infant during the trying period is uppermost in the mind of the careful mother. In view of the great mortality occurring among the very young at this season of the year, the solicitude felt is most natural. The chances for the infant surviving the summer can be said to depend to a great extent upon the home management. What this should be and how the emergencies which may arise are to be met, it will be the object of this paper to point out.

If at the beginning of summer the child is in fair health, if he is properly fed, housed, clothed and bathed, if the slightest gastro-intestinal or any other form of disorder is not ignored, the child will probably have no serious illness. If any one or all of these requirements are not appreciated or are neglected, the chances for a successful summer are proportionately diminished.

The mother who can nurse her infant during the heated term is fortu-

nate, but "poor or indifferent nursing is worse than bottle feeding" (Holt). Nursing infants sometimes have severe gastro-intestinal disturbances. We have seen fatal cases of diarrhœa develop in healthy breast-fed babies, and the initial cause could usually be traced to some indiscretion on the part of the mother. A nursing mother should avoid over-eating, excess in the use of tea, coffee and alcohol, excitement of all kinds, and over-exertion. The life should be a reasonably quiet one, with plain food, restful nights, and a due amount of exercise; in short, she should be temperate in all things. We have seen a great many mild attacks of vomiting and diarrhœa in nursing babies caused directly by excessive excitement in the mother.

In a large institution for homeless mothers and infants, in which the writer was resident physician for several years, disputes of a decidedly active nature, in spite of the vigilance of the officials, were not of infrequent occurrence. The infants of these pugilistic females

developed gastro-intestinal derangement. The first breast milk taken after the encounter would be vomited and very likely the next, and when the nursing was not temporarily discontinued, a diarrhœa, more or less severe, was the result. We have repeatedly known fright, worry, a letter from friends containing unwelcome news, causing anxiety and distress in the mother, to produce illness in the nursing infant. The milk of all the mothers in this institution was examined weekly, so that the relative properties of the ingredients were fairly accurately known. Within a short time after the excitement, marked variations were noted in some; the changes, however, were of short duration, lasting ordinarily but a few hours. Menstruation, especially when attended by pain and unusual discomfort, may produce similar results. Constipation and over-eating produces trouble in a few.

An important and generally unappreciated factor in the health of the child, and in the comfort of the mother, lies in the proper care of the infant's mouth and of the nipples. Before each nursing both the nipples and the child's mouth should be washed with a saturated solution of boracic acid. After the completion of the nursing, the washing should be repeated and the nipple dusted with some simple powder, preferably bismuth sub-nitrate. The whole process is a very simple one, and occupies but a few seconds. This insures as great a degree of cleanliness as can be practically obtained, and prevents in a large measure the development of disease-breeding germs in the child's mouth:

the nipples meanwhile being kept in a healthy condition.

Breast-fed children are not nearly so apt to be overfed as those who are given the bottle, but many are nursed too much, particularly during the hot weather, when the infant as well as the adult requires a larger quantity of fluids. The child becomes thirsty and he makes the fact known. If the flow of milk is abundant, he is almost always overnursed by night and by day, the nursings being too long continued and too close together. Night nursing and feeding is unnecessary and injurious at any season of the year; during the summer it is positively dangerous. As a result of the long continued and too frequent nursing, more milk is taken at one time than is required, and the short interval between the nursings does not give the stomach sufficient time to complete the digestion. When this is repeated for a few days, a sharp attack of vomiting and diarrhœa follows, which may be the commencement of a very serious or fatal illness.

An infant in fair health should never be fed or nursed between the hours of 10 P. M. and 6 A. M., and there are many reasons why he should receive no food during these hours. He should sleep and will sleep, if the night feeding was never commenced. The training of an infant should begin with the day of birth. The nervous system requires an uninterrupted sleep of at least eight hours. The rest which the stomach gets during this time enables it to perform its functions much more thoroughly than when it is constantly at work, as will be shown by the gain in weight, the clear skin, the normal

stools, and the happy disposition. For the nursing mother, this period of rest is an absolute requirement.

Many claim it is cruel, that the child will starve if he is allowed to go so long without food. If he nurses well during the other sixteen hours, and if the milk is good, a weekly gain in weight will disprove this statement. We have under our care an infant who has never been nursed between the hours mentioned; she has made an average weekly gain of $6\frac{7}{8}$ ounces (never has lost) and now at the seventh month weighs 19 lbs. She has seven perfect teeth, and can almost stand with assistance. She is not fat, but muscular, is in perfect health and a finer little specimen of humanity can not be produced. This child has two sisters with whom the same scheme of management was carried out; they are both strong, healthy girls. Other instances might be cited, showing that night feeding is not necessary. If the child has been thriving, whether nursed or bottle-fed, do not accede to his demands for more food during the hot weather, other than a moderate increase corresponding to his growth and development; but satisfy the craving with water. After the nursing has been continued the usual time, stop it, and if the child is not satisfied, give him water, a few teaspoonfuls or more, if it is wanted.

A custom that will work well at this period of the year is to give from two to four teaspoonfuls of plain boiled water after each nursing. Many times when digestion has been imperfect, when vomiting or regurgitation has been frequent, this simple means has given relief.

Quite recently two infants, aged, respectively, three and four weeks, came under our observation on account of colic, undigested curds in the stools and loss in weight. They had been nursed properly every two hours, and not over ten minutes at a time. Both mothers had an abundant flow of milk, were in fair health, and anxious to nurse their babies; but were inclined to discontinue, as their milk did not agree, it being thought too strong for the baby. They were told to continue as before, with the exception that, immediately after each nursing, one-half teaspoonful of lime-water, mixed with three teaspoonfuls of plain boiled water, was given. The habits of **life of the mothers** were not changed, as they were good. In from two to four days the colic had disappeared, the stools were normal, the babies were well and they have thrived on the breast milk since, making a satisfactory weekly gain in weight. The giving of the water was continued for three weeks in the case of one, and but one week in that of the other.

This plan will prove serviceable when there is a tendency on the part of the child to over-nurse on account of fever, or for any cause to remain too long at the breast. When the nursing has continued the customary time, remove him, and if more is wanted, give water. When there is a desire to nurse too often, which, as has been mentioned, is quite commonly the case during the hot weather, give a drink of water between the nursings. Every child will take the water from the spoon or bottle if he is thirsty. A little patience is necessary at first in teaching him that there is something

other than milk that is good for babies.

For the bottle-fed, fresh cow's milk and cream, properly prepared and diluted, is the best and safest diet. Absolute cleanliness in the management of the nipples and bottles, and the methods of accomplishing this, are so well appreciated that they can be dismissed without further comment. As to the quantity and frequency of the feedings, no definite rule can be laid down, excepting that only in the very weak and debilitated may food be given oftener than every two hours. Some children at the third month will take and require nearly as much as others at the sixth month. A small, vigorous infant may require as much food as a dull, inactive child of twice his weight at the same age. The quantity and quality, however, should never vary. A certain amount should be given on the minute at certain intervals, the determining of which belongs to the province of the physician, who can only be intelligently guided by what the weekly weighings tell him. Nearly all the bottle-fed will be overfed if this important matter is left to the mother or nurse to decide. When there is a desire for more than regular allowance, give water as suggested for the breast-fed. When food is called for during the night, always give water; if the water is refused add enough milk to change the taste, until the child becomes accustomed to the new drink. In disease where there is fever, the water may be given quite cool and will always be taken greedily (See recent numbers of *BABYHOOD*.) **If there is the slightest suspicion that the milk is "turned", it must not be given.** In a hot August

thirty of the inmates in the institution previously referred to, between the ages of eighteen months and three years, all occupying one ward, became ill during the night with diarrhœa and vomiting. In looking for the cause it was found that the milk which had been given the evening previous, was slightly sour, not sufficiently so, however, to be noticed upon casual examination.

The temperature of the living room should be kept as low as possible with free ventilation. As much out of door life as possible, during the cooler portion of the day, is of great benefit. Under no circumstances should a child be allowed to sleep in a draught. The abdominal binder is of no service after the eighth week, and should be done away with. Thin flannel should be worn next to the skin. Frequent sponging with cool water during the hot days is a great source of comfort; after a restless, tiresome day with the thermometer in the nineties, we know of nothing that will give a young child so much satisfaction, such a genuine rest, as a cool sponging just before being put to bed. In the weakly and the ill, a sponging or bath in the early morning hours will materially lessen the suffering. If this simple means were employed as generally as it deserves to be, soothing syrups and paregoric would meet with a much smaller sale.

If during the winter and spring, as a result of constitutional weakness or bad management, there have been frequent attacks of acute indigestion, which means diarrhœa and vomiting, there is established an irritability, if not positive disease, of the gastro-in-

testinal tract, and the slightest indiscretion in the diet of such a child is very apt to lead to serious trouble. In order to keep the baby well in summer, this most important part of the infant anatomy should receive attention all the year round. The rachitic and those who have whooping cough require very careful watching, as they are especially predisposed to summer diarrhœa.

DANGER SIGNALS.—These are fever, vomiting and diarrhœa; and the slightest evidence of any one of these signs of illness must not be neglected, whether in the breast or bottle-fed. If fever develops, there is a cause for it, and the chances are that it is the initial symptom of gastro-intestinal derangement. More often the attack is ushered in by diarrhœa and vomiting. It is a mistake to allow a nursing infant to remain at the breast during such an attack. Not infrequently the only treatment required will be to feed the child for a day or two on the foods to be mentioned later, the mother or the wet nurse in the mean time relieving the breast regularly at the nursing hour by the use of the breast pump.

An immense majority of the severe cases of gastro-intestinal disease occur in the bottle-fed, and every attack of diarrhœa and vomiting or diarrhœa alone in these children, during June, July, August and September, is a serious matter and must be treated

as such. This the family cannot do without intelligent medical guidance; but they can do what is most important and necessary, and in which they can never make a mistake. With the first sign of the disorder, one teaspoonful of castor oil should be given. The milk or whatever has been the food, should be discontinued and wine whey, egg albumen water, toast water, or plain water should be given if drink is necessary, until the arrival of the physician. The neglected diarrhœa due "only to the teeth" or to "taking a little cold" is the cause of thousands of deaths yearly in this country; even if it is occasioned by teething, as is very rarely the case, there is just as much danger in delay. Most of the children brought to the children's hospitals and dispensaries begin to teeth, in the opinion of the mother, at about the second month, and the length of time which this process continues depends entirely upon the vividness of the maternal imagination. The presence of the pale thin gums in the very young, or the full set of teeth in the runabout child, are to them factors of no great importance.

The life of the infant depends largely upon the common sense displayed in its management, the attention paid to detail, and in the intelligent appreciation of what too many mothers are disposed to consider small things.



The Proper Care of Milk.

Milk is a fluid which seems to be indispensable to the human race, supplying, with water, both meat and drink in early life. It is, therefore, of the greatest importance that we, as parents and sanitarians should guard our sources of supply, and endeavor to prevent those dangers due to neglect or ignorance. The proper attention to the care of milk after it is received is too often disregarded by those whose duty it is to protect their households and provide suitable food for their young. No more important work was ever ordained for woman than the supervision of the food prepared for those she loves. It is the birthright of her children to look for that which will best conserve their growth and development, at least while they are under her roof.

To insure its keeping qualities, milk requires to be received and kept in earthen, glass or porcelain vessels that are scrupulously clean. It should not be held in open vessels, especially if it is thus exposed to odors from other food. It should be kept in a clean, dry atmosphere, having a temperature that will hold it at or below 50 degrees Fahrenheit. These conditions can only be accomplished by intelligent supervision, a recognition of the delicate constitution of the article, and its proneness to changes which render it unfit for use. It can be easily shown that a long train of infantile disorders proceed from the simple neglect of the vessels in which milk is received, kept or served. The cleansing of vessels designed and used for food, if not a

fine art, requires fine perception, and there are very few who possess it.

The transportation of milk is important in so far as it is affected in its temperature and composition. The exposure of cooled milk to the ordinary temperature of the air would soon cause it to assume the same degree of heat; this rise and fall of temperature is detrimental to it. It should not be allowed to vary more than six degrees above that which it registered when taken from the spring-house. The exposure of milk to the sun in tin containers which have not been cooled is likely to awaken into life some of the most dreaded poisons. The histories of such fatal accidents are familiar to all. Milk should, therefore, not be transferred during the heat of the day. The agitation of warm milk is injurious to it, since its component parts are held together more lightly when warm than when cold, and this explains the advantage of the quart jar for its transfer, which, besides allowing an equal division of the cream, prevents the churning motion of the milk.

The proper collection and handling of milk are of the greatest importance. The objects sought are to prevent pollution and the subsequent changes so apt to occur in this animal secretion. They require, first, personal cleanliness of those who draw the milk, especially with reference to their hands; second, scrupulous care in cleaning all utensils and milk containers; third, the prevention of perpendicular droppings of dust and dirt, upon which dust

particles the bacteria are borne to the milk. Next to these in importance is the cooling of milk. That this should be done immediately after it is drawn is absolutely essential. The normal temperature of the cow, and therefore, of fresh drawn milk, is about 100 degrees Fahrenheit. To insure its keeping qualities, prevent the growth of bacteria (germs), and the subsequent development of poisons, milk should be quickly reduced to about 45 degrees Fahrenheit and maintained at this point until used. Thus treated, in clean vessels it will keep several days. To accomplish the above condition, however, ice is necessary, and where well water only is available for cooling purposes, it cannot be brought about. Well water has an average temperature of 48 degrees Fahrenheit.

Micro-organisms (germs) are found in all milk after it is drawn; they are never present in the udder, except when the animal is diseased; therefore the many varieties of germs found in milk come from outside sources, namely: the hands of the milker; the skin and hair of the cow; the dust from hay or straw under the animal's feet; from the loft and ceiling above; from the air which is constantly in motion, and the dirt left in improperly cleaned milk containers. These germs could not have a more favorable medium for their rapid growth and multiplication than fresh milk. The conditions of warmth, moisture and an animal secretion combine to favor their development. These micro-organisms, along with their rapid increase in number, throw off into the milk the products of their life, and in some instances they are virulent poi-

sons. They are called *ptomaines*; and the poison found in spoiled cream known as *tyrotoxinon*, which sometimes makes such havoc with life, is one of them. These bacteria, aside from the poisons they are capable of producing, are by their presence and growth the cause of all the changes which occur in milk. One variety, when present in sufficient numbers, makes milk curdle and sour; another gives milk an offensive odor, often before it sours; still another causes the change known as "blue milk." Ordinary cow's milk, when sold, often contains from five to six thousand of these germs in a single drop, and if no disease germs are present, these do not materially alter the quality of the milk so long as they are not allowed to multiply. This increase always proceeds rapidly if the cooling is neglected or delayed and, before twenty-four hours have passed the milk will contain many thousand organisms in each drop. Let it be remembered then, that cold retards or prevents the growth and activity of bacteria; consequently, the earlier milk is reduced to a low temperature, the longer it is likely to remain without change.

Disease germs (*pathogenic bacteria*) or those having the power of exciting disease, are often conveyed by milk; and it is probably true that no medium carries a greater variety. Were it not for our means of protection, contagion would more frequently be spread through this channel. The general knowledge on the subject, however, is a very efficient safeguard. The most important point in this connection is to recognize the fact that most of these diseases are-

produced by bacteria. In this way tuberculosis (consumption) is acquired from the same disease in the animal, transferred by contaminated milk and diseased meat. This danger assumes greater magnitude when we remember that probably 30 per cent. of the dairy herds in this country have one or more consumptive cows among them. Likewise, scarlet fever and diphtheria may be brought from persons who, either recovering from the

disease, or associated with persons suffering from it, are at the same time engaged in handling milk. So may also, typhoid fever and Asiatic cholera be carried by untidy milkmaids, who, between the milkings attend upon persons ill with these diseases, or who, while these maladies are prevalent, use water for cleansing purposes from wells in which, owing to contamination, may lurk death.

Do Infants Receive Sufficient Food?

The prevention of illness is the highest prerogative of the true physician. To this end he should at all times be ready to instruct, explain, and clear up difficulties arising from the imperfect understanding of many hygienic questions, even among educated people. Contributions to medical journals do not reach the latter, hence it is a duty, which no true physician should shirk, to diffuse useful knowledge on hygiene through those channels in which it would be most universally diffused. Since a sound physical condition in infancy and childhood is essential to the development of a strong, healthy and robust adult, all questions of diet, pertaining to the former, assume great importance.

In an experience of thirty years as a family physician, there is no question that has been addressed to us with greater anxiety and frequency by mothers than "Does the baby get enough food?" When the infant is but a few weeks old, and receives the natural food, this question rarely is asked. As the infant develops, begins

to notice and grasp at thing around it, and puts them into its mouth, it begins to dawn upon the mother, nurse, grandmother, aunt, or female relative or friend, that the child certainly wants something to eat. The fact that it puts things into its mouth is pointed out triumphantly as a cogent argument that the "child does not get enough." If the mother be sensible, she may resist the importunities of these kind people to give the baby a crust of bread, a "lady finger" or a bone. Their delight and satisfaction are unbounded if the child consumes (?) the former or gnaws with avidity upon the latter.

Should the baby be so unfortunate as to be restricted to artificial food, the question, "does it get enough?" arises very early in the mind of the mother, nurse or female relative. Either the quality or quantity of the food, or both, appear to be insufficient to "satisfy the baby." The former troubles these good people more than the latter, because the baby limits the quantity by its own instincts. That cow's milk, which is the usual and the

best substitute for natural food, requires dilution in order to place its larger proportion of solid nearer to that of human milk is well known. The best mode of dilution varies with the condition of each child and its age. These matters have so often been discussed in these pages that the details may here be passed over. What seems to trouble mothers chiefly is that the baby should be allowed to depend entirely on milk for its sustenance, and that even the milk should be "weakened" by dilution. As has been said in a previous article ("Baby Wants to Eat", in a recent issue of *Babyhood*), the teeth should be the guide to the introduction of solid food into the infant's dietary. Whenever the molar teeth have fully developed, such food may be resorted to, because these teeth are intended for chewing, and with their eruption comes the perfection of certain salivary glandular secretions, which are absolutely required in the preparation of farinaceous food for stomach and intestinal digestion.

"Mother says she gave me corn-starch, this or that food, bread (or what not), when I was only a few months old and she raised a large family; so did my aunt and my grandmother," is the remonstrance of the anxious mother, when informed by the physician that such foods are objectionable. The sensible mother will doubtless reflect that while her own mother's experience, added to that of her female relatives, may be valuable, especially because of its personal element, the doctor's experience must have been much larger, since he is called upon to supervise the "raising" of hundreds of infants. Moreover,

mother may have forgotten the troubles and difficulties that had arisen from improper feeding of her children or may have misinterpreted them, while the physician, being called upon for advice in health and sickness, has the facts of each case constantly under the control of his judgment.

The human body is a self-compensating machine; its various parts are so beautifully adapted to their functions that, when one organ is deranged, another will vicariously accept the work. Often the organism rids itself of undigested food or bad air without perceptible disturbance. For this reason faulty feeding in adults is rarely followed by untoward results. Even in infants this may be the case in mid-winter when bacteria are not so prone to multiply in food and poison by its products. This is one reason why many mothers praise various kinds of foods which to the physician are known to be faulty. My baby thrived on this or that, one would claim; he grew fat and healthy on it; there is no better food existing. This argument seems unanswerable. But the conditions surrounding this particular baby must have been different from those under which others are situated. The season of the year, the child's age, its previous feeding, whether on breast milk or artificial food, its hygienic surroundings, its constitutional peculiarities, and many other important elements, must be brought to bear upon the solution of this question. Each child presents an individual problem when artificial feeding is considered. For this reason mothers should not more readily accept advice from their friends and

relatives upon the food management of their infants than they should accept advice from them upon their medical management in illness. The physician is, or should be, the guide in preventing as well as in treating illness. This would seem but the dictate of common sense, and yet how often is it disregarded.

To return from this digression to the chief point, mothers worry lest the fluid diet do not suffice to nourish and strengthen the baby. Very few have that respect for milk as an article of diet which those who have studied it in all its phases are forced to accept, and which we trust to impress upon the mind of the reader by writing this article. That milk is the most complete single food known is evidenced by the fact that it is the chief dependence for maintaining the body of most animals at the most feeble and important stage of development in infancy. Another proof of its inestimable food value is furnished by the fact that it is relied upon as the chief nutriment in protracted illness. Chemists have ascertained positively that milk contains all the elements necessary for forming heat and developing force or strength for the body. It has been computed that one pint of good cow's milk contains an amount of food elements sufficient to furnish approximately the same quantity of force, strength or bodily energy which could be obtained from four eggs, or from nearly half a pound of scraped meat. Physiologists have arrived at the conclusion that it is not the most concentrated food, or the most palatable, or the most expensive that is most nutritious; but that which contains the largest proportion

of nutritious (chemical) elements in proportion to its weight, and the largest quantity of which may be borne by the stomach without satiating quickly. Judged by these standards milk stands pre-eminent as a healthful nutritious food, even for the adult. One pint of milk would surely be less apt to satiate than four eggs or one-half pound of meat, and yet it contains as much energy or force-producing elements as either one of these so-called strengthening foods.

As the quantity of energy, or force-producing elements in a food, is the true guide to its value, let us see how milk compares with some other foods in this respect. Physiological chemists have positively determined that 30 ounces of milk contain as much of nutritive energy-producing elements as $12\frac{1}{2}$ ounces beef, 15 ounces bread, $1\frac{1}{4}$ pounds potatoes, or 5 ounces rice. An infant which at six months consumes three pints of milk receives, according to the most reliable estimates, one-fourth of the force-producing elements of food which a full grown man requires to sustain him. No infant requires so much; many receive more, and yet mothers are troubled lest their children be starved on this liquid food.

If these figures are correct, and I believe they are, mothers should be convinced beyond a doubt that when they feed infants on milk they give them not only the most nutritious and energy (strength) producing food they can obtain, but also a food which is best adapted to their needs in the period of growth and development. Another error of which the minds of mothers need to be disabused is the idea that children and even infants

require a variety of food or rather that a variety of food conduces to better health. That infants under nine months thrive best under a monotonous diet, is proven by the fact that they are maintained in better health and condition on their mother's milk than on anything else. That children require a variety is really a fault of our education. While it is true that a variety of food *elements*, whose destiny in the body differs greatly, is very essential to proper nutrition, it does not follow that a variety of *dishes* or *materials* is required for this purpose. A child requires a sufficiency of wholesome, nutritious food to satisfy it, but it would not require a *variety* if its normal tastes were not vitiated by indulgence in various dainties and condimental articles that have very little food value. As the child advances in years, its association at table with its elders, whose fondness or solicitude provides it with a variety of foods, develops a taste, which in after life forms an agreeable diversion, into a seeming necessity.

As this may be regarded as a singular statement, it is incumbent upon us to state that it is the result of an observation extending over twelve years in an institution in which we have had the sole medical care of one thousand children in health and sickness. These children are brought for reformation from the slums and tenements of New York City, many of them being the offspring of poor, criminal, drunken and otherwise depraved and negligent parents. And yet, after a few months' residence in this institution, under the watchful care of a kind and skilful superintendent, these children present a better average of

health than can be found among the same number of children in the best circumstances. What is the reason of this change?

1st. Regularity of life, in rising and going to bed, attending school, playing, etc., under rules from which no deviation is allowed.

2d. Sleeping in well ventilated dormitories, which are models of cleanliness and into which the bright sun shines during the day, and whose ventilation and heating are watched all night by officers.

3d. Careful attention to cleanliness of person and clothing. The latter is comfortable, but not luxurious.

4th. A simple diet, adapted to the mode of life and occupation of the children. The morning and evening meals consist solely of milk and bread sufficient to satisfy each child, while the noon meal consists of bread, potatoes, beans, butter, a small quantity of meat, these not being given at the same meal, but on different days. Under this simple management these children not only grow strong and remain well, but they resist much better in sickness than do children in our private practice. It would astonish the reader to examine the hospital records of this institution and note how few succumb to diseases which are usually fatal among her own acquaintances.

So strong is the prejudice in favor of a large variety of foods, that not long ago a committee of the kind-hearted directors of this model institution discussed the propriety of changing the diet list. When the chairman of the committee suggested that he would not be satisfied with milk and bread for breakfast and supper, we

pointed out the fact that, if sentiment is to be our guide in this important matter, a change may be indicated, but if experience is to be the guide, none was demanded. We rehearsed with pride and satisfaction the facts above referred to, which are an unanswerable argument for simplicity and wholesomeness of diet. The latter are as important in the infant as in the child of larger growth.

To conclude, therefore, Baby gets enough when, up to the age of six or eight months, it receives all the good pure milk it can consume, and if later, as the molar teeth develop, farinaceous food, like barley or oatmeal, or stale bread and an egg be added. Beef tea and meat should be avoided during the first year of life, for reasons which we may state more fully in another article.

Summer Days at Home

This is the season when people seek the sea, the lakes, the mountains. The miles of city walls are deserted by all who have the means to leave, and the contagion of summer outings spreads to village and country. For well persons almost any change is pleasant and for the sick it is often beneficial, provided that change does not bring them additional care. But of all times when mothers of small children will do well to keep them at home, if that home be cool and comfortable, the summer season is the time. At home are all one's conveniences, and many mothers would need to feel quite strong to undertake to do without them.

Down in the grassy back-yard, my two little children spend most of their summer days. The big vine-covered walnut tree spreads great limbs and countless leaves over the hammock. In their season tall white lilies nod their graceful heads at the babies as they play, and leave yellow spots on the little noses. Girlie's pansy bed has had many blossoms. Fragrant roses combine with the rest to make glad

the summer day. In time, roses and lilies fade, but not so my babies. Brown and happy, with sun-burnt necks, they browse around the berry bushes. As fast as the currants turn red, four busy hands picked them until the bushes presented a sad and stripped appearance. The red raspberries have just gone, but the big blackberries ripen, a few at a time, to take their place. Next will come the grapes, so abundant that we have some hope of a little jelly.

The sand pile, which last summer was a great resort, is not so much patronized, preference being given to the hammock, a play house, or to more active games. In a nook of the grape arbor sometimes stays a noisy "bear." But as he has blue eyes and a yellow top-knot, he does not inspire the fear that he might. Some days are so hot that even the breath from the garden is too oppressive. Then it is left to the droning insects and to the birds. The house is cooler, and we are glad not to be in the ten-by-twelve room of a "cottage by the sea," unless it were in the far north. Indoor amusements

are resorted to. In stringing buttons, sewing, dressing dolls, cutting paper with the rough pointed scissors of which each child has a pair, or perhaps blowing soap bubbles on the shady porch, the hot hours pass.

But heigh-ho for the fun when the hose is out! Wet shoes and dabbled dresses? Not a bit of it. Twenty little bare toes splash in the puddles and scatter the drops from the grasses. The only garments for this performance are drawers and waist, and a slip which is the oldest and shortest gown each has, or is, perhaps, the dress which has been worn long enough to be ready for the wash tub.

Drawers are rolled up, dress is pinned up, and the children are ready for a frolic. The little girl, hair in a tight "pig-tail" or done up with a hair pin, walks bravely under the spray, sometimes until the water runs in streams off that small pug nose, and the big eyes are blinking. Wee boy does not like that quite so well, and catches his breath, though delighted, when the stream is turned for a moment on feet and legs. Dripping and merry are they, while the rest of us look on laughing. Sometimes papa puts an extra supply of water on the tracks which the wagons have made between big gates and cellar door. Then mud pies are in order.

Do the children take cold? I must confess that I was afraid of it the first time they tried it, nor would I take the responsibility of recommending the performance. Perhaps the water is not warm enough, but these youngsters have never yet shown a sign of cold from it. In the first place, it is only in very hot weather that the

shower bath is allowed. Then they are exercising all the time, and when the play is over, both are rubbed dry, and clean clothing is put on. It is an inexpensive way of going to the seashore. If we had light flannel bathing suits, the thing would be complete.

"Greenwood" is an artificial lake in pretty grounds at the end of a street-car line. There, to vary the monotony, the children take occasional trips with their father. So many beautiful things the little folks find. Fish-worms, snails, caterpillars, slugs, bugs of various sorts are included in the list, and are fearlessly taken between fingers none too gentle sometimes. The latest object of interest was a big cocoon which the small boy found. A pansy plant was shaking and quivering in a wonderful manner. Mother was called, and found the cause of the disturbance to be a large cocoon fastened to the plant and covered with its leaves. The chrysalis was fluttering loudly inside, but we could find no opening. Finally, we cut off that part of the plant, and brought it into the house to await developments. Boy called it a 'coon and asked if it would bite. Almost a week we kept it, hearing the chrysalis often stir and rustle. One day, Boy and I sat down on the play-room floor to build a house, and there on the big Canton flannel elephant was a beautiful butterfly, of a canary yellow, with wings still too damp for use. What a thrilling moment for the children!

The cocoon was carefully examined and the opening found. This was one of the largest butterflies that I have ever seen. Probably I should call it a moth, for it had the beautifully feath-

ered antennæ considered characteristic of moths. However, my little family are not scientific enough yet to care for such distinctions, and we called this lovely creature a butterfly. The front edge of each forewing was a distinct cord of pinkish gray, and curving inwards on its gray stem was a perfect rose-bud in pink and gray. The hind wings ended in a sort of swallow-tail and appeared at first quite long and pointed. Gradually they unfolded, until a spot of deeper golden could be seen on each. The body was a soft furry white. In vain we put sugar and water on a leaf. The insect was probably of the sort unable to feed. After keeping it until its wings seemed to be quite unfurled and its attempts at flight were tolerably successful, it was put on the blackberry bushes to take its own course in the short life remaining to it.

The summer diet of my children is not remarkably unlike their winter diet—milk being the main article. Sometimes I think that they drink too much, to the exclusion of other things. But they thrive upon it, nevertheless, and are excellent specimens of the "milk diet." I still heat the milk slightly, and there has been no bowel trouble thus far. If at the beginning of the meal I offer Boy a little meat, bread and butter, soup, egg, or fruit, he usually waves it away and calls for milk, *the* beloved first course.

The nurse-maid question is one which I should like to mention, although my experience is not nor will it, I hope, ever have to be extensive. It is a great blessing to be able to take charge of children one's self.

And yet what a relief at times to feel that they are in the charge of some one trustworthy. A reliable nurse is better than medicine to many a mother. However, a mother, unless ill, never does right to leave the entire personal care of little ones to any stranger.

"Rosy" is the little maid who helps at our house, and though a tall girl, she is child enough to enjoy the plays herself. We think that we have a prize in a nurse-maid who seems refined, gentle, bright and willing, and whom the children love—a pretty good sign of kindness on her part, especially when children are old enough to know when they are imposed upon.

I would trust Rose farther than many an older girl, but good as the child is, she has been careless at times. Last summer, the baby-carriage was still in use, and Baby-Boy was trundled up and down on a certain "beat" under the maple tree. It seems that on one occasion another nurse-girl was tickling mine—so the story goes. The carriage containing my little son slipped away and rolled rapidly down an incline to the edge of the pavement. Bump—it went, against a tree, and my boy head-first! Fortunately for his skull, he just missed the tree, and fell, frightened and crying, on the grass. At that juncture I happened to make my appearance, or I might never have known of the fall. Now, my little nurse-maid doubtless intended to be careful, but if my child had been injured, that fact would not have consoled me, and I should have blamed myself in the matter. This summer so much watching is not necessary,

and the children are rarely on the sidewalk. My young nurse takes all the extra steps for me, picks up the playthings, brings in the hammock, entertains the children, helps with their baths, and does countless other things

which render her services invaluable, and make us sigh as the time approaches when she must enter school. But now we take as much comfort as possible—and so the hot days go by.

M. F.

Nursery Problems.

Nail-Biting.

To the Editor of BABYHOOD:

I have been an interested reader of *BABYHOOD* for nearly two years, and write now to ask assistance on one point. I want to know how to prevent my baby from biting her nails. She is nearly twenty-two months old and has all but four of her teeth, which are now coming, as evidenced by her chewing her gums constantly. She has had no trouble in teething, but has always wanted to put everything in her mouth. Lately she has been biting her nails. I may say that perhaps she inherited the habit, as her father indulged in it in his youth.

(1) Would you advise my waiting until she has all her teeth, or

(2) Can you tell me of something to put on her nails that will not harm her, or do you know of some method of prevention?

A. S. F.

(1) It is not important to wait until the teeth are cut. Doubtless there will be then less irritation of the gums, and consequently your task would be by so much an easier one, but, on the other hand, the habit, if continued, will be so much the more confirmed.

(2) The articles usually put upon the fingers are bitter medicines. Stinging articles, like pepper sauce, are hazardous, as children often get them into the eyes. One of the commonest bitters for this use in popular practice is aloes, generally in the form

of tincture. Aloes is a purgative, but the amount which can be put upon the fingers can rarely have this effect. Quinine solutions are also very bitter, and in the quantity used are harmless. Occasionally we have known children to evince a decided liking for the bitters, and to ask for more which they might suck off. Of course in any case the remedy must be often applied. And in case of failure of drugs mittens may be put on and tied about the wrists of the child. The real cure is persistence. Many persons carry the habit through life.

Starting in Sleep; Baby's Knowledge of Insects.

To the Editor of BABYHOOD:

(1) Can you tell me why my fifteen-months-old baby cries out so in her sleep. I hardly think it comes from dreaming. She is not nervous, eats well, and although never a very sound sleeper, does better now than formerly. A word or two, or a little petting will quiet her, while, if let alone, she awakens.

(2) How shall I teach her about bugs and worms, that they ought not to be put in the mouth or handled? I do not want to tell her they are "horrid and nasty," for all of them are God's creatures. What then shall I teach her about them?

I. E. F.

(1) She probably cries from some discomfort. This may be a pain in

the gums, in the bowels from wind, the bite of a flea, mosquito or some other insect, or from a multitude of causes. Just what it is you will have to find out yourself by watching.

(2) The only way is to teach her that some things must not be put into the mouth. If possible, teach her that nothing is to be put there unless given her as food. As to whether you shall teach her not to touch insects will depend upon whether you have any harmful insects in your neighborhood. Taking the country as a whole, we have so few such that there is really little probability of a child being hurt by any which she can catch. The stinging insects—bees, wasps, hornets and minor ones—she is not likely to catch, unless they light upon her to sting her. Some few caterpillars have irritating setæ or bristles, but she is not likely to find these in the house. But if you have any doubts, teach her not to touch them at all “until she is bigger,” at which time you can teach her to discriminate between those likely to harm her and the great multitude of harmless insects.

Eczema and the Fear of “Sending It in.”

To the Editor of BABYHOOD:

We have a baby girl over seven months old, who weighs twenty-one pounds, has four teeth and seems in apparently good health, with the exception of a breaking out on her body (mostly on her face) which the physician terms eczema. A few days after she was born we noticed a rash, though different in its appearance from this. Since then she has not been entirely clear of it. She is fed according to the directions given in *BABYHOOD*.

(1) Is eczema in the blood or is it purely a skin disease?

(2) Can it be entirely cured?

(3) If so, what is the best treatment you can give?

(4) Is there danger of sending it in by using outside application alone?

(5) Do you think it will leave her after teething is over if left alone, and do you advise our leaving it till then, since teething seems to aggravate it?

ANXIOUS MOTHER.

(1) It would be rather a quibble or an imperfect answer to say simply, yes or no. Eczema is a skin disease, and may appear on almost any one. Nevertheless its presence, probably, its continuance certainly, depends in a great measure upon certain conditions of the system, especially of the digestive organs and upon diet. Further, it is true beyond question that some constitutions are much more subject to it than are others. For instance, there is supposed to be a marked susceptibility to it in those of the so-called rheumatic habit.

(2) Yes, but the susceptibility may remain.

(3) The question is so wide that it cannot be answered here. The treatment will vary with varying conditions.

(4) No, it cannot be sent in. This fear of sending it in depends upon the fact that when an internal disease is developing, skin diseases sometimes fade or disappear. The mischief “calls in” the eruption, if you choose to say, but the “sending in” of the eruption does not cause the mischief.

(5) It may be better after the teething, and you may find it difficult to cure it before, but do what you can for it now.

Enlargement of the Tonsils; Questions Concerning Cocoa.

To the Editor of BABYHOOD:

(1) Our little boy, aged three years, is troubled with chronic enlargement of the tonsils. His breathing is quite labored. At night he snores badly, and breathes partly through the mouth. Do you consider him too young for operation on the tonsils? If so, do you recommend local treatment of the throat?

(2) I would also like to know if I can with safety tie up his jaw at night to prevent mouth breathing?

(3) I also want to ask you concerning his diet. He has been getting thin during the last six months. He does not seem to care for solid food, and has lived altogether upon cocoa made with boiling water, and milk added. Should I try to make him eat solid food and stop the cocoa? He will not take cereals of any kind with milk. He has lived chiefly on cocoa for over two years. He has been, and still is, quite troubled with constipation. A. M. H.

(1) He is not too young for treatment. Whether removal of the tonsils is called for, or only some local treatment is necessary we, of course, cannot tell, but the physician you consult can.

(2) It would probably be safe, because if he were uncomfortable he would wake, or be so restless that you would release him. Nevertheless, we do not believe that it would do any good, since we think that the mouth breathing is not due to the swelling of the tonsils, but to a similar enlargement of the glandular structure in the back of the nose, which most likely exists, and which probably requires removal more imperatively than do the tonsils themselves.

(3) As you do not say how much milk he uses in a day, we have no clear idea as to whether he is getting

enough food or not. We do not count the cocoa for much, and if a sufficient quantity were used, so that the diluted milk used were enough in amount to properly nourish him, he would in all probability be getting much more cocoa than such a child should have. A child of his age should have, until he learns to eat something else, at least a quart, and probably three pints, of good milk daily. What he most needs is a good looking over by a skilled physician, who should try to put him in order, and set him a proper diet which he is to take. Until he is properly nourished it will be hard to do anything of decided benefit for his throat.

Stuttering.

To the Editor of BABYHOOD:

As an old subscriber, I come to you for advice about my little boy. He will be three years old in September, and began talking quite young, as he was able to say anything he wanted to, the beginning of this summer. When he first talked he pronounced his words distinctly and spoke without stammering. Afterwards we noticed he stuttered occasionally, but did not think much of it until we found the habit growing rapidly. He stutters so much now, it is almost impossible to understand him. We immediately tried to stop it by making him begin his sentence, repeating it slowly after us. So far that has done no good. I think he began the stuttering as a joke, and it has gone beyond his control. What can I do for it? Are there any good books on the subject that will help me? Any advice you give will be very gratefully received.

E. H.

Many children who have spoken very clearly later on fall into a slovenly method of articulation from laziness or an indistinct form of speech from

tonsillar or other throat troubles. But if a child becomes an actual stutterer after having been a clear speaker, we should first of all consider his state of health. This infirmity is often a specie of chorea. We have known many cases which only occurred with any cause which depressed the nervous system, such as an illness, overstudy, etc. If the child is well, then training as to good methods of speech or in singing will often stop the trouble. There are cases, as every one knows, which are very persistent, and some of which defy treatment. We cannot recall a good popular work; but most comprehensive works on general medicine have articles on the subject, and you might borrow from your physician or read in the public library such an article. Better at least ask your physician, as a good deal of sham science has been written on the subject.

A Case of Overfeeding.

To the Editor of BABYHOOD:

My baby is but ten weeks old. He nurses on the average every two hours, night and day, with the exception of four or five hours during the evening. At two and sometimes three of his meals it is necessary to give him the bottle, the mother not having sufficient milk. At each bottle feeding we give Baby four ounces or eighteen teaspoonfuls of milk, four of water and two of lime-water. We find that he passed a good deal of curdled milk. Can you suggest a cure for this? The child is perfectly well in every way. He scarcely ever has colic. He had a slight protrusion of the navel, which it seemed best to have attended to, so we do not let him cry for his food after an interval of two hours.

M. M.

A child of ten weeks old should have food not oftener than every three hours by day and less often by night. Your baby gets food (breast or artificial) about eleven times in twenty-four hours. You say his food, when given, is three-quarters cow's milk. It would be indeed strange if he did not pass curds. We do not know that we ever saw a child of ten weeks that could digest a mixture that contained more than half cow's milk, and more commonly a still further dilution is necessary. The cure would be a proper dilution of the cow's milk or the use of a suitable mixture of cream, milk and water, as we have so often recommended.

A Bill of Fare for a Six-Year-Old; An Exceptionally Large Child.

To the Editor of BABYHOOD:

I am in great distress to know what to feed my little boy six years of age.

(1) He does not like to drink milk, and potatoes do not agree with him. Would you kindly give me a bill of fare for the whole day?

(2) My boy weighs fifty-six pounds and measures four feet and one inch in height. Would you kindly give me your opinion in regard to his size?

(3) Would it be imprudent for my little boy to play outdoors in cloudy weather?

C. N.

(1) We should try to give him some milk nevertheless—best with his morning and evening meal. If he takes a luncheon about 11 A. M., as many children of his age do, he could have milk then instead of at breakfast.

The following would be a suggestion for one day:

Breakfast.—An orange carefully freed of seeds and tough parts; oatmeal or some other cereal slightly salt-

ed, if not sufficiently seasoned in cooking, eaten with milk or cream, no sugar whatever on it; after it an egg, or chop, bit of steak, or of broiled fish. Generally a selection can be made from what is provided for the adults.

Luncheon.—Glass of milk and a cracker, or slice of buttered bread, not too fresh.

Dinner.—At about 1 P. M. Chop, steak, roast meat, boiled fish (one of these articles besides soup being allowed), bread and butter; one or two of the following vegetables: beans, peas, spinach, tomatoes, celery (stewed), squash; for dessert, plain rice pudding, custard, ice cream, blanc-mange (one only).

Supper.—About 6 P. M. Egg and bread and butter, toast, glass of milk.

(2) His weight and his height are about that of a boy of nine years, taking the average from measurements of children in the public schools. Allowing that these may be rather below the averages of children in the most favorably situated classes, your boy is still exceptionally large.

(3) He would better play out every day not absolutely stormy or inclement, or at least he should have a smart walk or run as an airing.

Condensed Replies.

N., Chicago, Ill.—As nearly as we can guess, your child had an inflammation of the middle ear, probably the result of some throat inflammation, possibly from teething, which was followed by a formation of matter in the cells of the bone behind the ear, which is technically called a mastoid abscess. We cannot be sure, of course,

but this seems to us probable. Such a trouble is always serious, and requires the best skill to meet it in bad cases. The treatment is surgical if the trouble is declared. Sometimes an incision down to the bone arrests the inflammation, just as in a felon on a finger. Often it is necessary to go farther and to bore or chisel into the bone until the matter is reached. Such operations save many lives. In little children whose bones are soft the matter sometimes breaks out and the child is saved without an operation, but it may break into the cavity of the skull and destroy life by meningitis or inflammation of the coverings of the brain.

L., Troy, N. Y.—The condition of tongue described we judge to be due either to an aphthous inflammation or to a chronic stomach irritation; the pressure of irritation elsewhere makes the latter more probable, as also does her restlessness at night. We place small weight upon the suggestion of "stomach worms." Even if they exist we should doubt that they are the cause of the symptoms. Seat (or pin) worms could easily cause the restlessness and the local irritation, but not the tongue condition.

Anxious, East Orange, N. J.—You have settled for yourself that milk is undesirable, although we do not know how much you diluted the milk and do not perceive that it ever has been peptonized for the baby. You will therefore have to use a variety of broths or meat extracts and such foods as do not require the addition of milk. At her age and her toothless condition it would be contrary to ordinary experience if she could digest the "thick

oatmeal gruels" or any similar preparation. Five meals per twenty-four hours are probably enough, but this must be modified if the meals are very small. Such a condition as that of your child is not a proper one for us to give specific advice about, because it is one that needs frequent (sometimes daily) supervision from your own physician. It is, as he says, sure that a real inability to use milk exists, and in such cases the diet that will suit the taste and agree is often a very unlikely one, or even one which on general rules would be improper.

M., Cincinnati, O.—The only practical assistance we can give you is this: The trouble is apparently an indigestion, most probably of the casein in the milk. This may be due to the milk in her mixture having more casein and less fat than the average, or her digestive power may be less than usual. Frequent changes of food, if kinds of food are meant, are not generally wise. Frequent changes of proportions are wise if superintended by the physician. The daily or frequent inspection of stools to note their character and the peculiarities of digestive errors, if any, with change in the proportions of fat (cream), albuminoids, sugar, etc., according to what is found, usually puts the condition complained of right. Medicinal assistance may be called for.

L. M., Sidney, N. Y.—In the first place it seems true that your little girl has a pretty generous and varied diet for one of four years, without considering her illness. The only side on which the dietary is short is that of vegetable and fruits, which she seems

unable to digest, and the lack of which probably is the main cause of her constipation. This constipation existing, however, you were obliged to relieve it, and the remedies you have made use of are among the most common. Our own preference is for the enema. The two proprietary remedies we use with caution, watching effects. They are permissible occasionally, but we are reluctant to use habitually medicine containing potent drugs without knowing the exact amount, as is usually the case with proprietary remedies. No, we have not known them to be a cure for constipation. They relieve for the once.

D. R., Chicago.—The drooling often accompanies teething, but is not a definite sign. It is due to development of the salivary glands, and inasmuch as their development very often coincides more or less with the process of teething, the drooling has been popularly associated with the latter.

G. M., Syracuse, N. Y.—If the children are really doing well, the mixture may be continued, in increasing amounts as needed, through the hot weather. On the other hand, there is every probability that they could now take a mixture containing an increased proportion of milk. Through the summer, unless you are very fortunately situated as to milk supply, we think you would better not try milk with no dilution at all, but you may in the cooler weather rapidly diminish the dilution until pure milk is reached. You would better be sure that the so-called "third tonsil" in the posterior nasal passage is not enlarged. But in any case vocal exercises will be useful.

P. T., New Haven, Conn.—It will doubtless occur to you to enrich the child's milk by adding a tablespoonful, or even more if the milk be not rich, of cream to each glass of milk the child drinks. The porridges of oatmeal or wheat which are in common use probably act by their bulky refuse to relieve constipation in some degree, and their effect is much improved by the addition of cream instead of or with the milk. Bread made of whole wheat (graham or other unbolted flour) is preferable to white bread. At this season peaches are excellent. A little later good pears and apples are attainable: they should be always given scraped with a spoon. In the winter the juice and pulp of oranges is about the only useful uncooked fruit obtainable.

L., Prescott, Ariz.—Pasteurized milk is milk which has been sterilized at a temperature considerably below the boiling point. The temperature of 75° C.=167° F. is chosen as being sufficiently high for the preservation of milk.

L., Norfolk, Va.—You could doubtless improve the quality by using top milk, which would increase the proportion of fat without increasing (probably diminishing) the albuminoids. It is time to begin to diminish the number of feedings, for, by six months of age, she should have no more than six in 24 hours. We suppose that it will be difficult to get a child who has been so overfed back to prudent rations, so we do not say anything about the size of the meals, which are now those of a six-months-old child. But if you can moderate

these you will probably prevent a great deal of her colic, besides some other manifestations of indigestion. The suppository is a convenient remedy, but a food of top milk, as suggested, may save you the need of anything.

T., Batavia, N. Y.—To tell you what is the matter with a baby we have not seen, and whose only described ailments are poor nutrition and evident discomfort, with a great deal of wakefulness and crying, is not easy. But these things we do note: his jaundice lasted much longer than the type which is so common in the first weeks of life, and it is probable that he did have ultimately, if not at first, some of the catarrhal stomach and intestinal disturbances which cause the jaundice of later life. If this be so it is probable that his discomforts and his failure to grow are due to this same cause or its sequels.

I., Princeton, Minn.—A well-aired bed should be completely stripped every morning and all the bed-clothing and the mattress exposed to the sunlight and warm air. It would be well if this could last all day and the bed be made at bed-time only. In many homes this would not be convenient; where it is not the beds should not be made for at least two hours after the occupant has risen for the day. Before bed-time the bed should be stripped again and the sheets well aired, and if this is not practicable, then let the beds be well opened, the coverings, at least, thrown as far back as possible, a half hour before bed-time.

G., Quincy, Ill.—The chief advan-

tages of the morning bath (the formal bath we mean, as a slight evening bath is usually given also) are these: That the child is freshened for the day; that it is then rested and does not dislike the ceremony as it would when tired and sleepy and probably just fed. In the abstract, aside from the considerations mentioned, we think that there is little to choose between a morning or evening bath.

L., Sparta, Wis.—Supposing the child had a proper supper before going to bed (6:30 P. M.), take her up at your bed-time and give her a meal, and then not let her have anything else but water until a proper morning hour. You will, of course, select a time when the child is well. It will entail upon you one or two, possibly three, uncomfortable nights, but, unless your child is an unusual one, she will have learned by that time that you will not give in, and she will sleep. It often happens that restlessness at night is due to over-feeding. The child wakes, as it should not, and being awake, expects food, because, from habit, it never learned that there was any other way of going to sleep. Whether it is so with your child we do not know, but we describe a very common condition.

D. T., Elmira, N. Y.—We are sure that a great deal of nonsense is all the time talked about uterine displacements and diseases, and that the best preventive of both within your reach is to allow your little daughter all the freedom of exercise you can. Teach her how to jump (alighting upon the toes) if you know how to do so. Teach her—just as you would a boy—not to

overtax her strength while she is growing, but do not force upon her attention any special reasons for care. Some children doubtless are better out of school at the time of development, but this is to avoid mental tax, nervous strain, faulty positions, etc., and to get opportunity for out-of-door life and exercise; not to avoid it. When development does begin we think it wise to keep children quiet at the time of the periods (but then only), until the function is well established.

A. M., New Britain, Conn.—The habit of slow chewing—at least of thorough chewing—of food is one which we must be vigilant to preach to our children, if we are to gain the legitimate rewards of all our care in selection and preparation of their food. Many a case of indigestion may be traced to lack of proper mastication, and experiments with one bill of fare after another to find a suitable one will not attain the desired result, if attention is not paid to this detail. Of course we are speaking of a child like yours, old enough to take solid food as a large proportion of their dietary. It often seems as if the food which fails to agree certainly *ought* to agree, all conditions pointing to that conclusion; it is well in such cases to make sure that it has not had an unfair trial on account of poor mastication, before deciding that it ought to be changed.

D. D., Adrian, Mich.—The band has no particular relation to teething, but is a good protection against such diarrhoeas as are due to chilling of the abdomen.

Early Lessons in Kindness or Cruelty.

"Thoughtless and unfeeling conduct," says Mrs. Mary F. Lovell, "which rapidly develops into downright cruelty, is exercised first and most largely toward the brute creation, because of its helplessness and the larger opportunity. It may begin very early. An innocent baby will, in his exuberant happiness, squeeze a poor kitten nearly to death, and try to put his fingers into its eyes; but the baby's innocence is no reason for allowing him a pastime which gives pain to a living creature. The kitten has rights which even a baby can be taught to respect; and the baby has the right to an early training which will make him, by and by, a benevolent and humane member of society, and not a selfish and thoughtless one."

From the societies for the Prevention of Cruelty to Children we can learn how often little children are cruelly treated by those who ought to protect them. It is but a natural sequence. When the father was a baby he tormented the kitten; as boy he abused the dog; as larger boy he bullied the smaller one, and as husband and father he tyrannizes over wife and children. He has never learned to control his temper; he has never known what it was to protect the weak; he has never learned to regard the feelings of others—what can you expect of him now? The child's sense of justice is keen, and he knows when he is punished simply because father or mother is in a temper and must vent it upon something. Is it any wonder, then, that the child grows sur-

ly and resentful; that he learns readily to deceive, and that the life of the father is repeated over again in the child?

Many a mother gives all unconsciously to her child his first lesson in cruelty. Baby is seated upon the rocking-horse, a whip placed in his little hands, and he is told, "Now, whip the old horse and make him go." Katie is teasing the cat and making her cry, and the mother says, "Don't pull the pussy, she will scratch you." Tommy is pinching the dog to see him squirm, and she says, "Don't hurt Rover, Tommy, he might bite you." Oh, mother, do you realize that you are teaching your child that there is no harm in inflicting suffering upon anything provided he is not himself hurt by it? Johnny starts to run across the room, trips over a chair and bumps his nose on the floor. Johnny howls and his mother says, "Naughty chair, to make Johnny hurt himself; beat the old chair"; and she immediately proceeds to administer condign punishment to the unoffending chair. She is teaching the child that instead of controlling his temper, he must give full vent to it, and that if he is hurt, instead of bearing it like a little man, he must revenge himself upon something, whether innocent or guilty. What will be the result of such a training?

A little four-year-old toddler was pulling at his mother's skirts and teasing her to play with him. "Oh, don't bother me now," said the mother; "run away and chase the old lame hen round the garden," and the little one

ran off eager at the prospect of his fun. Fifteen years later, when this same mother was enfeebled from sickness, she was bemoaning with wonder why it was possible that her boy, for whom she had done and sacrificed so much, should be so unfeeling in his treatment of her. The seed she herself had planted and watered had sprung up and was bearing abundant fruit, and she did not even recognize that it was from her own sowing.

When the thaw came after the great blizzard and the water was running in rivers in the gutters, two little girls of eight and nine were seen holding a tiny kitten under the water until she was almost drowned; then lifting her out to revive when they would again put her in the water. These were children of families of good social position in the church and in society, but what home heart-training could they have had, and what kind of mothers will they make in the years to come?

Baby stretches out his little hand for the fly buzzing on the window-pane, and laughs and crows with delight as he crushes it in his tiny fist, or pulls from it limb after limb. These first destructive instincts should be checked then and there. If Baby is old enough to have those instincts developed, he is old enough to be restrained from them.

I quote from another: "I know of a baby fourteen months old who has been taught not to touch flowers, but only to smell them; and not to touch the cat, although he is perfectly delighted with her. After a while, when he is old enough to understand, he will be allowed to touch her very gently; and he will be much more likely to

always treat animals kindly and gently than if he had been allowed to handle the cat or other pets as he would a toy that squeaked when it was pinched."

Most children do not mean to be unkind to their pets; it is thoughtless ignorance that makes them treat them as they do. To be sure they have been told that they must not pull the cat's tail, but the reason given has been, not "It hurts poor pussy," but "she will scratch you if you do it." Therefore, the impression given to the child's mind is that the harm lies, not in pulling the tail, but in getting scratched for it. It is often in an excess of devotion that the little one takes kitty up and holds her head downward pressed tightly against her. The rubber toy dog squeals when he is squeezed, so why should not the kitten do the same? The child makes no distinction between them, because the mother has never taught her that the dumb creatures suffer, and has never brought home to her the thought: "How would you like to have some one do that to you?"

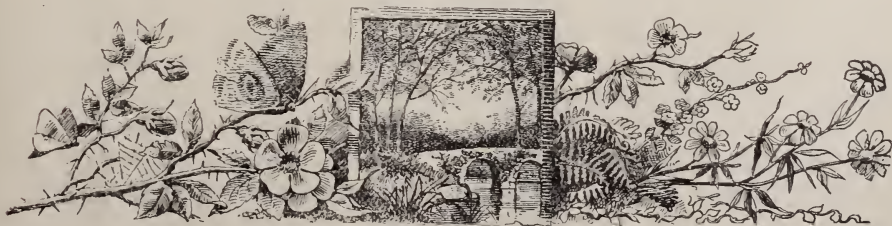
Do not place in the hands of your child such toys as whips, guns and swords, but teach him rather that needless wars and cruelty are crimes. Teach him to find delight in studying the birds with an opera glass instead of shooting them, and to take pleasure in feeding them rather than in robbing their nests. There is no surer way to teach a child to be unselfish and thoughtful for others than to make him considerate of the feelings of his pets; yet this fact seems to be utterly lost sight of in the training of many children.

The following incident which took

place on a railway train illustrates another way in which some mothers unconsciously give to their children lessons which will develop results they little dream of. The gentleman who told the story said that it reminded him forcibly of what we are all too apt to forget—that our children do as we do, rather than as we tell them. He said: “On the two seats in front of me sat a mother and three children, aged about three, five and eight years. They had evidently been traveling a long distance and were thoroughly tired out. The oldest, a boy, was twisting about in his seat after his mother (evidently anxious that he should behave well) had told him to sit still. Out of patience, she hit him a sharp blow on the leg, which made him cry a little, after which he sat with a sullen look on his face, evidently feeling the injustice of the punishment. In a few moments his little brother did something that displeased him and he immediately gave him a slap in perfect imitation of what had been done to him. This action received a very slight reproof. I felt strongly tempted to talk pleasantly with the mother and try to show her the inevitable result of such treatment. I have been very sorry ever since that I did not, for I believe that every mother

really wishes to do the best that can be done for her children.”

Strange, indeed, that so little attention should be paid to developing tenderness of heart, yet we all know that the strongest, noblest man is he who unites with that strength tenderness and pity for the weak things of earth. Teach the child to be brave and strong, for to protect the weak and helpless often requires great moral courage. Teach him that it is cowardly to abuse any being weaker than himself, and that he must respect the rights of every creature. Teach him never to find his pleasure at the expense of another's pain and to love and protect whatever is dependent upon him. Think you that a child so nurtured could deal harshly with wife and children when grown to man's estate, or spend his earnings in the bar-room when his family were suffering for food? Show the children what an immense amount of happiness they gain for themselves in the love and devotion won from their four-footed friends, and open out before them an endless field of interest in the study of the wonders of the animal creation. Teach them that dumb creatures feel and suffer; that they have intelligence, that they have hearts full of faithful affection for us, if we are only willing to receive it.



The Mothers' Parliament.

Current Issues in Our Nursery.

Not that we have a nursery proper. Of our household of eight persons, two small children are the most important part, and have the range of the entire house. There is, to be sure, a play-room which is headquarters for all playthings, and contains, also, mother's machine, work-table and piano. Here and in the adjoining rooms the children march, play hide and seek, make playhouses, bears' dens, or marshal their dolls and animals in a grand procession. Upstairs the library has broad window-sills which are nice places for block houses. As our bedroom opens into the library, the father's reading has to be carried on in a somewhat interrupted way, particularly toward bedtime. These two upstairs rooms, heated by grate and furnace, are found comfortable when severe colds make it wise to keep the children out of the cooler parts of the house.

The kitchen is a delightful spot to the little people, because there is so much going on. Here, when the weather is not too cold, Mary rolls out her dough, stirs cake, or plays school, while auntie and mother work. The cracker boxes which we get at the grocery have hinged lids, and make good receptacles for toys. We have one box in the kitchen, and two in the playroom. They might be papered or covered in some pretty fashion, but ours have not yet reached that degree of attractiveness. On a wide one Mary perches while she recites her pieces, "Goosey, goosey gander,"

"Nimble Dick," and other classic selections. Henry scrambling up, imitates perfectly the rhythm in an unintelligible jingle.

Mary Margaret is a plump, blue-eyed little girl of almost four years of age and experience. Henry Edward, also plump and blue-eyed, has just passed his second birthday. Both look forward to the bright summer time when the sand pile in the grape arbor will not be covered foot-deep with **snow**. This same beautiful snow would be hailed with delight, were it not that a recent attack of pneumonia forbids sledding. Until that attack a daily outing in all but wet weather was the rule.

* * *

Various are the amusements resorted to, to pass the time while thus shut up. Two small clothes-racks are sometimes of great service in making playhouses. Hide and seek with the babies, sometimes in plain sight, can be made amusing by a very blind seeker. Mary hides Henry in various places where he keeps very still, except for a low chuckle, or a quivering of a curtain. "Round and round" is an exercise invented by an enthusiastic and long-suffering auntie. She takes one hand of each child, while both run around her in vain attempt to catch each other, changing hands often to prevent dizziness. Occasionally little friends come to visit. Then, perhaps, there is a tea-party on the little table, with tiny dishes and very light refreshments, consisting of a dozen peppermints, as many choco-

late drops and peanuts, two or three "kisses," and a liberal supply of water. This does not seem to hurt them, as they do not keep nibbling. The visit of Santa Cluas was so recent that the toys have not yet lost their charm. Mary's set of Brownie rubber stamps is amusing, with the funny little faces and figures. Henry aches to get hold of them, and, when he does, daubs everything in a hasty attempt to do it all at once. A drawing slate, a doll-house, doll-clothes and a bureau, a wheelbarrow, horse and wagon, are among the chief delights. Christmas dolls, already in all stages of dilapidation, are dressed and undressed, pinned and unpinned with big safety-pins, and perhaps, in a funny row, put to sleep in the new doll's bedstead.

Once a year, the children are overwhelmed with gifts. Grandparents, aunts, parents and other friends combine to make the Christmas tree and stockings a success, though no very expensive presents are given. A few days after Christmas a mother said to me that she thought it a mistake to give children so much; one or two playthings would do just as well. Perhaps so; but I really look forward to Christmas and the new stock of amusements. After the first day or two, some are put away to be brought out when called for; some are upstairs, some down; old playthings will gather new charm when these grow tiresome. We purchase as durable articles as possible. The delight of the little ones on Christmas Day is something beautiful to see, nor have I, thus far, found them so confused by the number of gifts as not to be able to appreciate them all.

It is surprising to me that any one can think girls and boys of the same natural tendencies in their play. Naturally, little girls' toys and plays predominated in this home. But independent little Henry marched in, giving a different turn to things. Few playthings he had of his own at first, for there were already so many. But Henry seized upon different ideas. His blocks were first put together as "choo-choos," his word for cars, although houses were built for him as early as for Mary. Henry will play with Mary's dolls, and has several of his own, but for days he carried around as his sole plaything a little iron engine and car which he had seen in a show-window and called for until his father went in to purchase. And in climbing and throwing he is emphatically a boy. Though my experience is somewhat limited, I bravely assert that the plays of boys and girls are different, chiefly because of natural, not educated, tendencies.

* * *

The presence of these little people gives direction to all our speech, or ought to. Nothing is easier than to fall into a habit of excited or exaggerated talk with children for their diversion. If my attention were called to something with the suddenness and loudness with which I have often heard children addressed, I am sure a nervous shock would be experienced. If children are not startled, they are, at least, taught an exaggerated fashion of receiving or imparting ordinary impressions. One who becomes excited or enthusiastic over nothing is as indiscriminating as one whom nothing can arouse.

A sentiment to which children are especially susceptible is that of pity. The fuller teaching of this may prove valuable in opposing an inclination to tease, to laugh at, or to injure. When there is a difficulty between my two babies, and, perhaps, a lifted hand, Mary can be melted most readily by an appeal to her sympathies. "See how the poor little fellow trusts you!" for Henry apparently has perfect confidence in her and does not imagine that she would hurt him. Almost always her arms are thrown around the little brother, while she comforts him with a motherly air comical to see. I recall a speech which we considered something of a joke on Grandpa "Smith," as I shall call him. The picture of a forlorn donkey excited Mary's sympathy. She looked at him tenderly, exclaiming, "Poor donkey! he wants his mamma! he wants his papa! he wants his *Grandpa Smith!*" I have known children brought up in families where the atmosphere was one of criticism, where every blunder in "etiquette," every grammatical mistake, every oddity in dress, of the "barbarian," was subject for a laugh or sneer. In such an atmosphere, the sense of justice is perverted, and a feeling of superiority inculcated which is both disgusting and amusing. For a child to realize that the poor black-skinned boy or half-witted unfortunate is as much a child of God as himself will be a lesson in real charity.

* * *

It is advisable for each child to have its own property. Definite division of toys and treasures need not interfere with the freest display of unselfishness, indeed, gives dignity and opportunity

for its development. Justice and equality cannot be taught too soon; let us begin with the babies. Let them play with each other's toys if all is satisfactory; but if a dispute arises, by careful inquiry and adjustment both the rights of each child to its own property and the duty of generosity may be taught. Do not let one child assume rights with another's property, nor let carelessness in appropriation be encouraged. Careless training in this respect makes disagreeable, meddlesome men and women.

When pains are taken to explain everything to children, it lessens the incessant questioning, and surprises one with the amount of information they possess.

Stories of our own childhood, historical stories made very real, stories of recent family events, are eagerly received by my little girl. She is just as well pleased with tales of every-day life as with those more imaginary. We are careful to draw the line between truth and fiction, but it does not mar the enjoyment. When I read in *BABYHOOD* about "The Leaves' Tea-Party" I explained to the child how each point was true in the change and falling of the leaves. It is of value that children's ideas be perfectly clear about all subjects which are suitable for them. It gives them an ease of comprehension as important to them as to older people. Mary thinks it very funny that "Mr. Toad" really wriggles himself out of his old skin and swallows it. She dances up and down in delight. "Another story! Now tell me! Tell me!" There are innumerable ways in which children may be interested. The little minds will be stored

with something—why not something valuable, provided the acquiring has not been a task? That is the mistake, the setting of tasks for young children. Herein lies the beauty of kindergarden work. Children should absorb rather than study, and be led into correct habits of pronunciation, of speech, and of accuracy in observation. I should not have thought of teaching a baby the alphabet, but a little cousin interested Mary in the forms of the letters before she was twenty months old. In a few weeks she knew every letter wherever she saw it, nor did she pore over the book to the exclusion of exercise. Henry did not show the same interest; consequently, as I should certainly not insist at that early age, he knows but few letters. One night last summer, after the Lord's Prayer, I began to repeat the twenty-third Psalm. The musical flow of the language pleased Mary, and she began to repeat it with me. "Let's say it again, I fink it's pretty!" Night after night she would follow me, until she did not have to wait for mother, but carried it through herself.

All children have some peculiarities of speech which are "cunning" and which some hesitate to correct. There is no special harm in allowing them for a time the use of their own baby words, but the incorrect use of language is another thing.

* * *

I heartily believe in demonstration of affection, in warmth of praise. Man-kind needs approbation, and does its best work in such an atmosphere.

If a reprimand or punishment has been out of proportion to the offense,

an apology, an explanation, will be fatal neither to dignity nor to government.

After some offense, Mary usually asks me, "Do you love me when I'm naughty?" My answer is, of course, affirmative. "You never *unlike* me, do you?" And with child-like frankness she often adds, "*I don't like you when I'm naughty.*"

"Line upon line, precept upon precept," but, above all, trying, as mothers, "to be and become," to gain courage, patience, wisdom.

M. D. A.

Home-made Playhouse.

I inclose a drawing of my baby's playhouse. The house stands 4 feet 3 inches high, and is 43 inches wide not including the kitchen. The house proper contains parlor and dining-room on the first floor, with sliding doors between, two bedrooms up stairs, and an attic.

The parlor has a tiny mantel and grate with a foot rest on the hearth; the dining-room has the stairway at the back leading to the rooms above, and under it a sideboard built in, with a good sized drawer for table linen. The door-knobs and drawer-knobs are round-headed shoe nails, driven well in, and touched with black paint. The foot rest was made by bending a stout wire the proper shape, running the wire through four thimbles with holes pierced in their sides; the thimbles were filled with melted solder, and when this was set the moulds were filed off, and the whole painted black. The floors are painted in imitation of rugs, the walls papered, and the pictures are picture cards. The

charm of the house to us is that it was built entirely (from the wood of boot and cracker boxes) by the happy baby's father, who is not a carpenter but a country merchant, whose ingenuity was taxed to the utmost to plan and build it, but whose labor of all his spare time for more than eight weeks is more than rewarded by the delight of the little lady for whose sake it was made. The furniture is entirely home-made, except the kitchen stove, in whose bright new tins the most wonderful dinners are made for the doll family.

The house is on casters, and can be easily moved from room to room. It is painted dark olive green, with chimney and foundation of brick red marked off with white. The baby who owns the house is nearly four years old, and sits in her rocking chair, or stands to reach the upper rooms, when playing.

M.

Individual Ownership of Toys.

When "Donna Boy" filled the oil stove with water and emptied the bottle of shoe-dressing on the library carpet, the climax of our despair was reached. At the breakfast table a serious discussion of our *enfant terrible* resulted in the decision that the trouble lay in our neglect to furnish suitable playthings for the lively child.

Nothing had ever been purchased for his very own. The drawerful of nondescript toys belonging to his older sisters had been deemed sufficient. But the china dogs he cared nothing for; the "Santa" he openly snubbed; and he took no interest whatever in the quantity of bright blocks placed at his disposal. His sis-

ters' precious dollies, his only adoration, were most emphatically denied him; and so, propertyless, he wandered aimlessly about his little world, seeking amusement wherever it offered.

The family conference opened the doting uncle's purse to the extent of a tiny red cart with two wheels. From this time a wonderful change came over the proverbially "naughty boy." A suggestion to fill the wagon with the despised gay blocks, and pile them by his mother's sewing-machine, kept the sturdy little legs on the trot for hours. The next day the addition of a dolly, the size of his sisters', still further absorbed the attention of our little "Paul Pry." Later, a hobby-horse claimed supremest devotion, and thus we solved the problem of our nursery difficulties.

D. I.

A Suggestion About Nipples.

I notice in your April magazine very good advice from New Bedford, Mass., for the relief of colic in babies. In bottle-fed babies colic is often caused by drawing in air with the food. The use of Davol's Anti-Colic Nipple will prevent this; the three small holes in the top give an easy flow of food and prevent the sucking in of wind, while the "ball" top keeps the baby's mouth small and shapely—a thing to be desired.

The anti-colic nipple costs no more than the ordinary kind that produce colic. All drug stores sell them at 5 cents each.

I. R.

Types of Rheumatism in Children.

Dr. R. H. McConnell presented this paper. He said it was interesting

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to note how closely the types of rheumatism in children were allied to each other. During the past three years there were about 10,000 new cases admitted to the Vanderbilt Clinic and of this number about 8 per cent. were afflicted with some type of rheumatism. He said it was surprising how often one found a heart murmur with a history of growing pains or tonsilitis. The most frequent form, tonsilitis, occurred in about 35 per cent. of the cases. In 11 per cent. of the tonsilitis cases there were complications by one or more of the other types. Endocarditis, which was second in frequency, occurred in about 23½ per cent. of the cases, and was so closely allied with the other forms that it was difficult to separate it. He had only taken those cases with a history of shortness of breath, pain, etc. The articular forms he ranked third, although they were about as frequent as endocarditis, occurring in about 23½ per cent. of the cases. This variety had the greatest number of complications, occurring in about 60 per cent. of the cases. Fourth in order was chorea, occurring in 14½ per cent. of the cases. Fifth in the series he placed muscular rheumatism or growing pains. This occurred in 2 per cent. of the cases, Torticollis, the sixth in order, occurred in 1 per cent. of the cases and was complicated by tonsilitis or some joint lesion. Purpura occurred in ½ per cent. of the cases. Subcutaneous tendinous nodules were seen in three cases, as a complication to some other rheumatic condition. Pericarditis occurred in about ½ per cent. of the cardiac cases, but was always associated with endo-

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carditis. The manifestations of rheumatism in children were so many that one had to be continually on the watch for them.

Earache.

Earache is regarded far too lightly by many physicians, and in many of the neglected cases, either the termination is fatal or the hearing becomes impaired, or a chronic running ear is developed. It is wrong to regard an earache simply as a painful symptom that usually passes off as soon as the drumhead bursts. Rightly considered, it is the sign of a dangerous infection that may impair and even destroy the sense of hearing, and may even cost the very life of the sufferer.

Even to this day, most mothers look upon an earache in a child as being one of the troubles that any child may get, like measles, scarlet fever, or chickenpox, and nothing is done to relieve the trouble save to drop some laudanum or warm sweet oil into the ear. Fortunately, a child does not suffer long, for the thin drum-head soon yields to the pressure of the inflammatory exudate and the fluid escapes from the ear. Not infrequently earache in an infant is not recognized



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as such. The suffering is usually ascribed to the teeth, and the error is not discovered until the ear begins to discharge.

In most instances the let-alone policy of treating infantile ear troubles is attended by no bad results, but in certain cases, through lack of attention, the condition becomes serious and speedy intervention is demanded to save the hearing and perhaps the life of the patient. In former years many mothers were told that their child would outgrow an ear trouble, and they were advised to let nature take its course. That such advice is harmful, and even dangerous, is apparent to every one who treats the ear.

It was not until the severe epidemic of influenza in 1890 that our attention was called to the frequency with which otitis occurs in grip, and ever since that time the grip ear has been a common observation in the changeable weather of the spring and fall months. The otitis of influenza must be carefully watched, since the mastoid is implicated oftener than in the otitis following other diseases.

Infantile Cerebral Paralysis, Post-Scarlatinal.

Salvatore Pastore discusses the origin of cerebral paralysis as a result of infective diseases, especially scarlatina. The cerebrum and other parts of the nervous system may be affected by various microorganisms, such as *Bacillus coli*, typhoid bacillus, staphylococcus, pneumococcus, diphtheria bacillus, erysipelas germ, and scarlatinous poison. The effects on the nervous system are produced by the toxins generated, and not directly by the germs. The forms of myelitis that are produced by germs are anterior polyomyelitis, acute ascending spinal paralysis, and acute spinal paralysis. These infections are epidemic. Cerebral lesions of various kinds may also be produced. The author presents a case of spastic paralysis resulting from scarlatinal infection, which began about the thirtieth day of the disease, in a child of six years. At first there was complete hemiplegia, with facial paralysis and aphasia. The upper extremity remained permanently paralyzed, with contracture, athetoid movements, and normal electrical



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reaction. We may distinguish the case from anterior poliomyelitis by the fact that the leg recovered and the arm remained paralyzed, by the contracture, the exaggerated reflexes, athetosis, and normal reactions. The history contradicted the belief that it might have been a monoplegia. Had it been a spinal paralysis it would not give a history of hemiplegia, as that is the common form.—*Giornale Internazionale delle Scienze Mediche.*

flavor add six good-sized bananas rubbed through a sieve. For peach flavor, add one quart of peaches, peeled and rubbed through a sieve with half a cupful of sugar. For chocolate flavor, dissolve the chocolate over hot water and add sugar to taste, always bearing in mind that cream to be frozen requires to be oversweet to the taste in order to be palatable when taken out of the freezer.

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make, but it can be successfully obtained if this recipe is well carried out. To twelve eggs allow one pound of powdered sugar, ten ounces of flour, and the juice of two large lemons. Grate the rind of the lemons and extract all the juice. Put the two together and let stand for an hour. Then strain through cheesecloth and mix with the sugar. Separate the whites from the yolks of the eggs and beat the yolks steadily for fifteen minutes

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until they are as light and creamy as possible. Add three-quarters of the sugar and beat again until light. Whisk the whites until they foam but remainder of the sugar, beating all the while until it stiffens. Sift the flour. Now very lightly but steadily add the whites and the flour to the yolks, alternating one with the other and using

a little each time. Stir enough to mix them thoroughly but do not beat and be careful your movements are gentle. When ready for the oven the batter should be covered with bubbles. Have ready buttered Turk's-heads, fill them two-thirds full, sift sugar over the surface and bake in a moderate oven.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

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Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
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Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
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Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
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Care of the Range.

Having the range perfectly cold and dry, and selecting a time of year when it can be kept cold for twenty-four hours at least, turn part of the blacking into an old can and thin it as directed; before pouring it from the can be sure to mix the contents thoroughly with a stick, just as a house painter stirs paint before applying it.

A good brush should be used, because it will lay the polish much more smoothly, and, therefore, it will remain on a longer time; the brush can be cleaned in kerosene afterward, and will be quite as good as new.

Any nickel trimmings on the stove should be scoured first with a good scouring soap, and removed, if possible, while polishing. A brush having a stout wooden handle which broadens at one end and fitted with stiff bristles on the under side, where it widens, is intended for applying liquid polish to stoves and ranges; after the liquid dries it may be polished with another brush or with a lamb's wool mitten, thus the blacking never touches the hands of the worker, which is apt to be the case even when gloves are worn, and there is nothing so difficult to remove from the hands and nails as stove blacking.

When the range is polished the pipe also should be given a rub, and this will last indefinitely. A bright, dry, sunshiny day should be selected for this, as any application lasts longer and dries more quickly than if applied on a wet or damp day.

However long one may allow a kitchen range to go without blacking, the sitting-room stove must be kept shining. In half an hour a sitting-room stove may be given a coat of polish that will wear all winter and

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not only look well, but permit one to approach the fire without soiling hands or clothing and only a dusting is necessary every morning, with the ordinary black cloth.

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Beef en Casserole.

Slice a large onion and fry to a golden brown in two tablespoonfuls butter or good drippings. Add two tablespoonfuls flour and when smoothly mixed, add, gradually stir-

ring all the time, three cups good stock well flavored with a little ham or ham bone, herbs and spices. When thickened add, if you like, a teaspoonful mushroom catsup, salt and pepper to season, a tablespoonful tomato or tomato paste, and a teaspoonful culinary bouquet to give a rich brown odor.

Strain this sauce into an earthenware casserole and set where it will keep hot until the meat is ready. Cut a pound and a half rump steak into pieces about an inch thick and two and a half inches square, and having heated a frying pan, rub over its surface with

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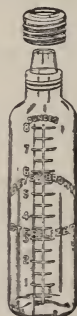
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a bit of fat from the meat, put in the steak and brown first on one side, then on the other. This hardens the meat on the outside and keeps in the juices. If preferred, the steak may be left whole, but most persons prefer it cut.

When the meat is browned put into the casserole with the sauce, cover with buttered paper and the lid, then bake in a moderate oven about two hours. About ten minutes before serving uncover, stir in a half cupful of gravy made from a teaspoonful of

beef extract, two teaspoonfuls of corn-starch and hot water to make the desired consistency. Color with a little of the culinary bouquet and add, if desired, a half cupful of mushrooms.

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Babyhood.

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The Advantages of a Simple Yet Varied Diet.

In these days of minute subdivision of labor and of specialization in all the occupations of life, the culinary artists, who direct the dietetic destinies of families with autocratic sway, have multiplied their *hors d'œuvres* and their *entrées* beyond all bounds of reason and of propriety. Their chief object is a pleasant stimulation of the gustatory sense; and the promotion of healthy nutrition is, with them, either quite disregarded or totally subordinated to their desire of pleasing the palate with savory viands. Now, a palate properly educated to an appreciation of healthful foods may work in perfect harmony with the digestive organs, acting the part of a dietetic conscience for the whole economy. But taste is perverted by misdirection, and as a drinker's stomach craves alcohol to its own destruction, so will a misguided appetite clamor for croquettes, *marrons glacés* and chocolate creams, instead of more digestible, nourishing and strengthening pabulum. The writer, therefore, respectfully submits that our present

culinary system is essentially faulty, because its devotees, being blinded by the elaborateness and the multiplicity of their own inventions, lose sight of simple principles underlying rational dietetics. If sound dietetic doctrines are to prevail, they must be instilled into youthful minds and must be made a part of the creed of the rising generation. It is, therefore, the constant aim of BABYHOOD to furnish parents such information as shall enable them to teach their children what to eat, as well as what to wear and how to live. Sympathizing with its worthy and successful efforts, the writer begs to add his testimony in favor of the advantages of a *simple yet varied* diet for the young.

The expression *simple diet* is susceptible of very different interpretations. The writer, therefore, desires to state that by a simple diet he understands one composed as nearly as possible of individual members of the various classes of foods, prepared by plain and uncomplicated culinary methods.

The various classes of foods are: (1) the *nitrogenized* or *albuminous*, the chief representatives of which are meats, eggs, milk and fish; (2) the *carbo-hydrates*, or the sugars and starches; (3) the *hydro-carbons*, or fats, and (4) the *inorganic foods*, such as salts and water.

Nature's nourishment for babes, the maternal milk, furnishes an unerring guide to the character and quality of the food required by her nurslings, and analyses of this milk furnish the only rational basis for infantile dietetics. In the milk are found representatives of all the four classes of foods. The casein represents the nitrogenized group; the milk-sugar, the carbo-hydrates; the cream, the hydro-carbons; and the various saline constituents, as the phosphates and chlorides, the fourth or inorganic class of foods. We may, therefore, reasonably assume that each meal after the weaning, and indeed, through life, should include representatives of all these groups, their proper apportionment and distribution furnishing problems claiming for their solution the dietitian's utmost wisdom, skill and care.

Certain hints and suggestions bearing on this subject are also furnished by the common customs of mankind regarding combination of foods. It is, doubtless, to an appreciated need that many of the best-known and most ordinary alimentary combinations have owed their origin. It is so much a matter of course to associate meat and potatoes, bread and milk, or pork and beans, that the underlying physiological necessity for varied ingredients of the diet may be lost sight of.

Yet in all these combinations, each group of foods is appropriately represented.

Simplicity in children's diet is thus not incompatible with the suitable admixture of various alimentary principles, but its demands are probably best met by the administration of single representatives of each class of foods at individual meals. Thus, if meats are eaten by children, it is not advisable that other members of the nitrogenized class of foods, such as milk or eggs or fish, be included in the *menu* for that repast; and if potatoes and butter are eaten, other starches and fats may be dispensed with. Milk and meat have seemed, in the writer's experience, particularly incompatible, unless administered in very small quantities, the stomach being readily over-taxed by efforts at their simultaneous digestion.

Having thus suggested an outline method for the attainment of simplicity in diet, so far as its ingredients are concerned, let us inquire how simplicity in *preparation* may be secured. Among the classes of foods above enumerated, the inorganic are unaffected by cooking, and this is also true of the sugars. The question concerning proper methods of preparation applies, therefore, only to the albuminous, the starchy and the fatty foods. A few albuminous foods are most digestible uncooked, as some shell-fish (oysters, for instance) and milk.

Modern research has demonstrated the fact that the cooking of milk at a high temperature inaugurates certain changes in its physical and chemical composition which render it less

digestible and less nourishing than raw milk. Simplicity in the use of milk diet would, therefore, be best attained by administering the milk uncooked or raised only slightly above the body heat. If there is any ground for the suspicion that impurities may exist in a given sample of milk which may be destroyed by boiling or by sterilization, the greater desideratum, viz., purity of the milk, must take precedence over the lesser, *i. e.*, its digestibility, and sterilization or Pasteurization must be resorted to.

With the exceptions just noted, albuminous foods are rendered more digestible by cooking, and most digestible by simple methods of preparation such as do not entail the admixture of fats, starches or condiments. Gravies and sauces are abominations at the nursery table, and so are fried meats, hashes and *fricasées*, for the reason that, in these dishes, fats are intimately commingled with the nitrogenized foods and, mechanically coating them, prevent the full contact and action of the digestive juices. Roast and broiled meats are especially valuable in that the process of cooking, by first coagulating the surface of the meats, causes the retention of the juices within the interstices of the fibers, thus rendering the meat doubly savory and palatable. Boiling is a less desirable method of preparation, because much of the appetizing juice exudes and is lost in the water in which the meat is cooked, although it is probable that the nutritive values of roast and boiled meats are not essentially different. *Starchy foods* are most simply prepared by separate

cooking. Contrast the mealy and tender baked potato with the greasy, dried-up fried potato or well-named Saratoga chip, and you will soon decide which one to admit to the nursery. The same contrast obtains between plain boiled or steamed rice and a highly seasoned rich pudding, or between plain baked or boiled macaroni and the same macaroni drowned in melted chese.

Starchy articles of food should always be so thoroughly cooked that the indigestible envelope of cellulose which surrounds the grains of starch is perfectly dissolved, and the starch thus liberated and rendered accessible to the attack of the digestive fluids. Oatmeal, hominy and cornmeal usually require cooking for several hours before this result is obtained, and we should always distrust these articles of food if they are dry and hard, so that individual granules present a perceptible resistance to the teeth. The writer has seen many distressing attacks of indigestion caused by conscientious efforts on the part of misguided people to eat oatmeal for the sake of their health.

Fats are usually most simple and easy of digestion in their natural or uncooked state. Sweet butter, or cream, or olive oil rarely occasions indigestion, while drawn butter and cooked fats in general are prone to engender fermentations which cause great distress from flatulence and acidity of the stomach.

Having thus furnished an outline sketch of the methods by which simplicity in the selection and the preparation of children's food may be secured, the writer begs to offer a pro-

test against the mistaken idea that simplicity and monotony in diet are synonymous terms.

A well-known English poet wisely said that

"Variety's the very spice of life
That gives it all its flavor,"

and this poetic aphorism is equally applicable to *diet*, in which life finds support.

The most appetizing and tempting dishes pall upon the taste if too often repeated, and this admitted fact furnishes the keynote to the management of the nursery *menu*. Let new dishes succeed each other in attractive se-

quence. The delighted surprise manifested by children at the unexpected return of some favorite article of diet is very pleasant to witness and augurs well for the easy digestion of the welcome food. A word to the wise provider is sufficient, and the writer leaves it to her ingenuity to present the children a simple bill of fare, and yet one which shall be varied, within safe limits, from day to day. Thus, the little ones will be made to enjoy *every* mealtime, appetite will be stimulated, digestion assisted and normal growth promoted.

Dentition.

The list of the affections and diseases which teething is supposed to be able to cause would include nearly, if not all, the troubles incident to early childhood. That the effect of this process on a child's organization is immensely overestimated there is not the slightest doubt. The opinion that teething is something to be greatly dreaded and feared is so firmly grounded in the minds of the laity, and of many physicians as well, that the teachings to the contrary of the foremost American and German pædiatrists during the past ten years can hardly be said even to have taken root. In an article entitled "Convulsions," which appeared in a recent number of this journal, the writer stated that he had watched one thousand infants cut their teeth. One set of a thousand infants cut their teeth very much the same as any other one thousand, and as this number in-

cludes all classes, conditions and nationalities, some conclusive deductions can be drawn. This number is to be divided into three groups:

The breast-fed.

The well-managed artificially fed.

The badly fed.

In the majority of the breast-fed the teeth were cut at the proper time and with practically no disturbance; perhaps there was a period of irritability and restlessness for a day or two before the eruption of a tooth. In many the teeth appeared without the slightest inconvenience, and that a tooth had been cut was first discovered during the bath or while feeding or dressing the baby. In a very few there were decided irritability and restlessness, with a slight rise in temperature; the child seemed hungry, but refused to nurse as usual; would take the breast greedily at first, but soon allowed the nipple to slip out of

its mouth, straightened itself out in its mother's arms and began to cry. When the gums were gently rubbed relief followed.

We have noticed that quite a number of these breast-fed infants who cut the incisors without the slightest illness do not have such a comfortable time with those that come later, from the tenth to the twentieth month, which time usually includes the dreaded second summer. In these, restlessness and irritability in some, vomiting and diarrhœa in others, occurred at the time of the eruption of a tooth, but we never could prove the teeth to be directly at fault; without exception, food unsuited for the condition of the child, period of life, or season of the year, had been given. The very few nursing babies who had marked trouble were delicate. They were found to have some constitutional taint or the mother's milk was at fault.

The well-managed artificially fed, such as were given cow's milk and cream, properly diluted and prepared, experienced no serious inconvenience. In the majority, the teeth were cut as easily as in the breast-fed. There was more of a tendency, to gastro-intestinal complications, however, and if such a disturbance developed it was apt to be of a more serious nature, but the cases which developed more than a few days of irritability and restlessness were few; as regards the period after the tenth or twelfth month, when freer feeding had been instituted, what was said regarding the breast-fed at this age holds with the bottle-fed babies. When marked gastro-intestinal disturbances occurred

coincident with the eruption of a tooth, a cause other than the tooth could be found if it was carefully looked for.

The badly fed, of course, were nearly all artificially fed; they had some kind of condensed milk which was inadequate, or certain prepared foods which were unsuitable; and they were given cow's milk impure or improperly prepared. To this class also belong a great number of unfortunates who are given food such as bread, meat, potatoes and sweets, before the system requires or the digestive organs can bear such a diet. It is these debilitated, more or less badly-fed infants who are said to "teethe hard." They are the children who have convulsions, vomiting, diarrhœa, fever, bronchitis, skin diseases, rhinitis, adenitis, otitis, stomatitis, coincident with dentition; but such children have all these troubles when they are not teething; and the part which it plays in the matter is, judging from the very careful and quite extensive observations, a very small one. There is no doubt, however, that during active dentition, the alimentary tract is slightly predisposed to derangement of a catarrhal nature; if the baby has always been properly fed this tendency is so slight that it will probably not be noticed at all. If, on the other hand, there is marked digestive disturbance, as the result of overtaking the organs by improper feeding, diarrhœa and vomiting may occur. The majority of the children who belong to this, the third class, are rachitic, and infants with rachitis even of a very mild degree are far more liable to troubles

of every kind, especially such as are catarrhal in character. The teeth appear later than normally, out of the usual order, and require a longer time to get through the gums after the shape can be made out. A rachitic boy cut the first tooth at the ninth month; with the eruption of this tooth and with five that were cut at intervals of two or three weeks during the next four months, a diarrhoea and vomiting attack occurred, the attack each time subsiding as the tooth pierced the gum. We have a few times lanced the gums of such patients with apparent relief of the acute symptoms which may be present. Irritability, restlessness, slight fever and gastro-intestinal derangements were the only symptoms and affections that we could possibly connect with the process in any of the one thousand cases. In these, irritability, restlessness and fever seemed in some to be directly due to dentition; as to the intestinal disturbance, the proof is not so positive. It is claimed by some that the mucous membrane of the respiratory tract is peculiarly susceptible at or about the time of the eruption of the teeth. We have never seen anything that would lead us to believe this. We have never seen the "tooth cough" or a "tooth bronchitis." Many of the teething infants had coughs and bronchitis at various times, but they did not subside when the tooth was erupted, and an examination and investigation would reveal why the child was sick. Neither have we been able to trace a positive connection between teething and skin diseases, tonsillitis, adenitis or stom-

atitis. A teething child will get the stomatitis or sore mouth from contagion, or from sucking unclean rubber nipples or cloths, as soon as will one who has no teeth, or all of them, and no sooner. We have never seen a convulsion that was strictly due to dentition, but have seen convulsions repeatedly in teething rachitic children who had been indulged in unsuitable food.

There is another class of children who, although few in number, are not to be forgotten. They are the delicate offspring of healthy parents. Careful examination reveals no inherited taint, no constitutional disease. They are weak and delicate. In spite of the best of management they are the source of great care and anxiety until the twelfth, eighteenth or perhaps twenty-fourth month is reached, when rapid improvement takes place, and they grow up as healthy as those who did not have such a struggle for existence in early infancy. Such children often suffer from dentition. If a disturbance is caused by dentition, it accompanies the eruption of the upper teeth, in the majority of cases.

The opinion very common among the poorer classes, and too common among those in better circumstances, that bronchitis needs not to be treated, and that a diarrhoea is beneficial during the teething process, has been and is the cause of an incalculable amount of harm, and as a result of it many lives are lost yearly. A diarrhoea occurring in a child under eighteen months is always dangerous, especially during the hot months, and should

always be taken in hand as soon as possible and treated vigorously.

A case which well illustrates the extent to which this ancient superstition can be carried, and the disastrous results of the same, was brought to us for treatment at the outdoor department of the Babies' Hospital. The patient was fifteen months old, weak and emaciated nearly to a skeleton. It was the only child and was accompanied by both parents. When undressed it presented a picture of a marked case of *athrepsia* and *rachitis*. There were the square head, the open sutures, the large fontanelle, pigeon breast, pot belly, enlarged points, and a marked spinal curvature. We were told that the child had always been delicate, and been subject to attacks of vomiting and diarrhoea from the sixth to the eleventh month, and that for the last four months it had had a chronic diarrhoea. Upon questioning as to what had been the diet, the mother answered promptly, with no small show of pride, that it had been fed from the table since it was six months old. They had always given it undiluted milk for a drink. Before the first six months it had received this kind of milk only. A diet better calculated to produce the above picture could hardly be imagined. While being undressed the child was nibbling an a currant cake, such as are to be seen in the show windows of cheap bake shops. We remarked that this was hardly a suitable diet for a sick baby, to which the father replied that it did not eat much of

the cake when dry, but liked it much better when it was soaked in beer.

While getting the history and making the examination, we were frequently interrupted by the parents, who took turns in telling us that all the trouble was due to the teeth, that the teeth could not get through the gums, etc. We now opened the mouth and saw four brown, broken incisors protruding through the pale, thin gums. When told that the wretched feeding and management were the cause of the illness they were neither pleased nor inclined to believe, because old Mrs. Blank, who had been a nurse for thirty years, had told them repeatedly that the child would be all right after he got all his teeth. For this they were waiting, peering anxiously into the mouth daily, awaiting the teeth which were never to appear, doing nothing for the disease that was slowly taking the life of their only child. These parents, in common with many others, believed that a tooth diarrhoea must not be relieved.

The giving of drugs for the irritability and restlessness is seldom necessary. Lancing of the gums is rarely required. We have done it a few times with some benefit. The chances of its doing harm are very small. Concerning this practice, Dr. J. Lewis Smith says: "The gum lancet is used much less frequently than formerly. It is used more by the ignorant practitioner who is deficient in the ability to diagnosticate obscure cases than by those of intelligence, who discover the true pathological state."

Some of the Early Symptoms of Chronic Diseases in Children.

By chronic diseases are meant those, whether in children or adults, which are insidious and stealthy in their approach and onset; which are, in their early stages, unattended by active or alarming symptoms; which pursue, generally, with varying degrees of activity, a continuous course, and which result, ultimately, unless arrested by conditions unfavorable to their progress, in destruction of the tissues in which they are primarily located or in the death of the patient. This definition does not apply to chronic forms of acute diseases, but to diseases which are essentially chronic, and with which most persons are, in a manner, familiar, especially as viewed from their ultimate manifestations, when they have completed their destruction.

The initial stages and early symptoms of these diseases are generally overlooked and unheeded, often indeed until alarming deformity or fatal destruction of tissues arouses the parents to a sense of the situation. Only then do they seek medical assistance, which, if given early, might have availed much, but which, given late, can only promise, at most, to arrest the onward march of the disease and partially repair the destruction that has been wrought. A little knowledge of, and attention, on the part of parents, to some of the laws of heredity and transmission of disease, would explain to them many of the

obscure symptoms of beginning chronic diseases, and of some acute diseases as well. While no authorities teach that diseases generally are directly transmitted; that the family history is of the first importance in studying the diseases of sick children, and in interpreting the meaning of existing symptoms; that the child inherits just such an organization as renders him least able to withstand the encroachments of the diseases which carried away his ancestors, either immediate or more remote; and that in order to bridge him over the periods of greatest liability to the disease peculiar to his family the parent must be ever on the alert, and constantly keep the little body of the child fortified to a condition of resistance against this morbid legacy forced upon him against his will. Transmitted diseases and disease tendencies do not always assume the same forms; in fact this constitutes one of the most intricate and elaborate questions in medical thought, and one by no means fully worked out.

The consumption of a parent or of an uncle or aunt may manifest itself in the child in enlarged glands, scrofula, hip-joint disease, meningitis (a form of brain fever), in morbid conditions of the functions of digestion and assimilation, or in mischief in the lungs themselves. Any and all of these conditions begin or are attended with languor, loss of appetite, droop-

ing, loss of flesh, pallor, and special symptoms traceable to the seat of the disorder in each particular case.

Continued trouble with the digestive organs should not be allowed to go on indefinitely, palliated with domestic and unavailing remedies, under the impression that when teething is completed all will be well; it may forbode fatal tuberculosis of the bowels. Teething, it is true, does cause some disturbance of digestion, but when such disturbance is persistent other causes should be sought. Likewise, repeated and continued enlargement of the glands of the neck should not be allowed to remain untreated, the mind being deceived by the thought that cold has caused the difficulty; the result may be abscess and ulcerations that only heal after many months of debility and annoyance, leaving tender and unsightly scars that last while life lasts.

Frequent complaints of pains in the hip or thigh, or in the knees, especially on the inner surface of the knees, often thought to be legache, rheumatism, or necessary growing pains, may for a long time be the only guides to destructive hip-joint disease, resulting in permanent deformity, after a long season of illness. The clinical thermometer, it is true, would show, in these cases, a slight elevation of temperature, and a close observer might notice a little irregularity and clumsiness in the walk, and thus sooner interpret the true nature of the trouble. So, too, pain and tenderness over the bones forming the spinal column, and pains extending through, as it were, to the chest and abdomen, or pains over the long bone

of the leg (the shin bone), if continued, attended with loss of appetite, and loss of flesh, pallor, drooping, and slight fever, should always awaken grave apprehensions; for what to the fond parent is sadder than the child on crutches, with a diseased hip, or shortened and distorted leg, or a deformed back-bone. Diabetes is another disease that is often thought to be a manifestation of inherited consumptive tendencies. It is ushered in by symptoms of great thirst, frequent desire to urinate in large quantities, capricious appetite, weakness, and loss of flesh and strength.

It has been stated that, "In all obscure affections of a tubercular or scrofulous nature, whether in the lungs, bronchial glands, abdomen or brain, a preliminary deterioration (falling off in nutrition and weight) before pronounced symptoms have appeared, often constitutes a point of capital importance in the diagnosis." The rheumatism or gout of a parent may exhibit itself in the offspring in rheumatism, growing pains (so called), heart disease, various forms of sore throat, chorea (St. Vitus' dance), asthma, and certain familiar forms of skin disease, as psoriasis and eczema. These different forms of disease may replace one another in the history of a person at different periods of life or in different members of the same family; but in general they follow an inherited tendency, by which, usually, they are easily and definitely accounted for.

A third group of hereditary disease manifestations are called the neuroses, seen at one time or in one member of a family as insanity, in others as

hysteria, epilepsy, very great excitability, severe headache, neuralgias, and—some go so far as to say—in crime, alcoholism and pauperism, in the sense that a child comes into the world with inherited proclivities to evil courses, which take the place of more definitely recognized forms of nervous disease.

Sleep-walking and sleep-talking, choking, smothering, violent outbursts of passion without apparent cause, showing themselves in a child from time to time (or a part of them, for all of them may never appear in any one child)—all these should arouse the apprehensions of its parent and induce them to seek for the more serious condition, epilepsy. Many children have convulsions from even slight causes, as indigestion, the presence of worms in the alimentary canal, high fever, etc., without any tendency to epilepsy, the seizures of which come on unprovoked, and are often so slight as to be unnoticed; "passing the urine in bed may be the only available sign of an epileptic fit, occurring during the night."

If a child seems strong and healthy, it is never desirable that it be precocious in the exercise of any function or faculty, but an inability to walk at eighteen or twenty months, in the absence of paralysis, joint disease, or any obvious local defects in the limbs, should arouse fears of mental defect, unless indeed, the child be suffering with what medical men call rickets. This is a constitutional disease, occurring in the first years of life, attended with feeble digestion, defective assimilation of food, great fretfulness when awake, and restlessness when asleep, profuse sweating about the head and neck, general tenderness over

the body, and retarded and imperfect development of the bony framework, including the teeth. The child with rickets will have a capricious appetite, his abdomen will be unduly distended, and the small openings on the top of his skull will be tardy in closing, remaining as "soft spots" and unclosed for two, three or four years, whereas they should close, the anterior one in fifteen or twenty months and the posterior in four to five months after birth.

This array of symptoms, when observed, should direct attention to the fact of either a bad inheritance or very bad nutrition caused by unhygienic surroundings or improper feeding, and if taken in season the results in many cases are neither fatal nor unfavorable, considering the bad start that has been made, and the obvious difficulties to be overcome.

In the management of children with reference to the diseases to which they are especially liable, either by age or by inheritance, extremes of alarm and indifference are equally reprehensible. Duty does not demand the attention of the physician for every indisposition of which the child makes complaint, either by words or by signs, for the equilibrium of a child's system is easily disturbed, often by trivial causes; but when illness, though seemingly slight, is persistent and continued, a diligent surveillance should be maintained, to intercept, if possible, the early approach of any of the chronic diseases which beset the pathway of childhood. And when discovered, an equally diligent application should be made of the helps and remedies that science has to offer, at a time when they will most avail.

Nursery Problems.

Condensed Replies.

O. N., Superior, Wis.—The only way is to keep in mind always what you would wish to do, and return to it as quickly as you can. Departures are forced upon the most judicious persons. In this, as in everything else, inflexible rules are only made for or carried out by those who are too dull to know when to yield. We can imagine a man steering a boat on a mathematical line without meeting or dodging at sea, but he would have a wet boat, and probably would not reach the goal as quickly as the man who knew when to swerve. In the nursery rules are for the guidance, not the crippling, of the judgment, and there is no rule to tell one when a baby has cried enough. You must learn to distinguish between the crying which is of dissatisfaction and the crying which comes from pain and tends to fatigue.

F. R. D., Syracuse, N. Y.—"Job's Tears" are the seeds of a kind of grass. They have had the repute of being diuretic and strengthening, but we never knew of their being used for any purpose.

D., York, Neb.—Ordinarily it is expected that a child will at 5 months have doubled its birth weight. But when the latter is exceptionally great this can rarely hold true. A twelve-pound child would have to weigh at 5 months 24 lbs., which would be very good weight indeed for 12 months. While your child's growth is slow, his weight now is quite up to the average.

Just what his weekly weight of growth is we do not know, but infer that it is small. It seems to us that the first error in feeding was in being too soon discouraged with your first food. The child had not yet become used to artificial food, and yet made a small gain. The question for you to consider next is whether the mixture of the food you are giving is strong enough, and whether the milk which you add to the food is rich enough in cream.

T. I., Hannibal, Mo.—In a young infant diet must be liquid, and essentially a milk diet. Experiment and study of the composition of the fæces of infants show that the latter contain a great amount of fat. In practice we find that one of the best, if not the best remedies for constipation is the increase of the amount of fat (cream) in the food, until the constipation is overcome, or until the limit of the digestive power of the infant is reached.

Y., Tampa, Fla.—As to your child's case: He has had, even before the recent illness, symptoms of indigestion, and is teething late. These suggest imperfect or disordered nutrition. You give no hint of how much or how little you diluted the sterilized milk, but we would, as the result of a good deal of experience, say that the fact that the milk was sterilized is the least likely of many possible causes to have been the active one in producing the intestinal catarrh.

B. B., Washington, Ind.—It is probable that he ought to have real medical care, but with the non-committal advice you got in your previous attempt you are naturally discouraged. Is there no one else to whom you can appeal? One thing we note as not advantageous—viz: the frequent change of food. The child is not yet six months old. Since weaning, *i. e.*, within about five months, he has had (including the three trials of one kind) at least six kinds of food. The one you mention as now agreeing would better be persisted in, until you can find some adviser who will really take Baby's case in hand.

F. T., Little Falls, Minn.—If the child, while suffering from his cold, tires of milk, it may be shaken hard in a large, half-filled bottle until it foams. This, sweetened, or with a little crushed ice, is more refreshing and more easily digested than plain milk. Occasionally the white of an egg beaten into froth ("egg-snow," the Germans called it) and allowed to settle, then mixed with an equal part of water and sweetened or flavored with nutmeg or vanilla, may be given in place of milk; or beef tea, chicken tea and beef extracts—Valentine's (liquid), Liebig's (solid)—may be used. In this way a settled distaste for milk may be avoided.

H. Kasson, Minn.—You do not mention your child's height or weight, but she presents fair evidence of health, having all the teeth that are usual at her age and being active, happy, and seeming perfectly healthy. Now, on this showing we see nothing to worry about, and we presume that

she is sufficiently nourished and that her declining to take more food may be wiser than your desire to give it to her. While our diet tables are made up on averages, there is not only a great difference in the desires of persons, but quite a difference in their actual needs.

T. R., Hartford, Conn.—She can at this time of year be indulged in quite a variety of fruits. The absolute requirements are that they shall be both fresh and ripe.

S., Uniontown, Pa.—We are not sure that we can assent to the statement that a particular condition of restlessness is very common among Americans as distinguished from others. But it would take us too far to discuss this point now. We should answer your question thus: If a child manifests a restlessness which seems to the parent excessive, the advice of a good physician should be sought. By good physician in this sense, we mean one of some experience with children's diseases and their developmental peculiarities, who can judge wisely whether the restlessness be probably dependent upon bad hygiene, such as improper food, bad sleeping arrangements, constipation, etc., or from some local source of irritation, of which defects of vision, skin diseases, pinworms, phimosis are examples, or again upon simple imperfect nutrition in some of its many forms. The object of his search will be to assure himself whether or not any such causes can be found. If so, then what is the best remedy; if not, he will advise about domestic care

and training, which is after all usually the most needed.

S. A., Woburn, Mass.—Nipples are of course made on purpose to put into the mouth. Toys are intended to be kept out of the mouth, but, as we all know, they often are not. The best toys for a little child are those which are light, smooth, *i. e.*, free from any angles to hurt, and especially devoid of points which could hurt the eyes; and particularly such as can be easily kept clean, having no cavities nor rough surfaces to harbor dirt. Ivory rings, moderately large rubber balls and the like are among the commonest, and many others will suggest themselves. They should all be of such a character as to permit of easy washing.

O., Philadelphia, Pa.—85° F. is moderately cool for an immersion bath. When a child is old enough to stand up in the bath a good way is to have it stand ankle deep in tepid water (to prevent chilling of the extremities), while it is sponged down with water of a temperature of 65° to 70° F. Even before this it is advantageous to sponge the neck and chest with cool water.

V. S., Leavenworth, Kan.—The amount varies with conditions. Thus, if a child were ill we might use more than we would in health. Again, it varies with the milk. The object of the lime water is to change the reaction of the milk mixture so that it shall resemble that of breast-milk. Thus, breast-milk is usually slightly alkaline. Cow's milk, as milked, is neutral or slightly acid; as sold, usually distinctly acid. We are speaking

of chemical reaction as shown by litmus paper, not by taste.

W. D., Ypsilanti, Mich.—We do not undertake to treat and prescribe. You say you have consulted two physicians of high standing, why not apply to either one or the other in case of renewed doubt?

I. N. Lexington, Ky.—It is not easy to give a reason for the condition of the heart. The causes of congenital defects of the heart may be attributed to either interferences with the normal development of the heart before birth, so that the changes that usually occur after birth do not take place, or certain unusual defects in development, or to inflammation, before birth, of the lining membrane of the heart. One thing we can say with much assurance, none of the things you detail have any probable connection with the condition of the child's heart. Nothing that we know of can be done as a preventive except to keep the mother's health as good as 'is practicable during pregnancy.

P. L., Talladega, Ala.—A child with six teeth probably has only front teeth and therefore cannot chew. Until his molars come the giving of any solid is scarcely to be considered. The only reason for giving him crackers and cream is the apparently good effect they have in relieving constipation. It would be a good plan, however, to give him with his milk some gruel of oat or barley meal. It is also proper to give him broth and the juice of meat. Until the molars come through we do not see that you can much increase the dietary.

N. G., Harrodsburg, Ky.—Tonguetie is an unusual shortness of the bridle underneath the tongue behind the front teeth. If the tip of the tongue can reach the roof of the mouth the speech is not often interfered with. It is cured by operation only; but the operation is trivial in the extreme, consisting only of snipping across the bridle which holds the tongue.

A. E., Helena, Ark.—Take your child to a doctor at once, and don't be satisfied to have him say, "Oh, I guess it is only a little rheumatism or growing pains." Insist that he shall strip the child and examine it thoroughly. If he cannot satisfy himself and you as to the true nature of the difficulty, go again and again until you are positive you know what really causes the limp.

B. O., Lansing, Mich.—It is true that both mother and child may be constipated. If the child is suffering the coincidence may be cause and effect. But the same coincidence constantly occurs when children have never nursed. If in these cases there be any transmitted effect, it must have been through ante-natal influence. The truth is that the essential causes of constipation in individual instances are not evident or at least are not of a kind to be easily reached by any kind of treatment. Any physician who keeps accurate accounts of the peculiarities of the families can tell you of individual peculiarities which seem independent of ordinary conditions. For instance, one parent is habitually constipated,

the other never has a hint of it. One child is "as regular as clock work," the other barely having an evacuation without some remedy or assistance. Now the hygiene of this family is as uniform as may be. At the table they eat essentially the same food, the constipated ones eating less constipating food than the others. The cause must be in some difference of the nervous and muscular action of the bowels.

B. R., Lima, O.—The sugar would not diminish the laxative effect of the orange juice, but it would very likely increase its tendency to produce the eruption, if indeed the orange juice be really the cause of the latter.

F. G., Utica, N. Y.—Acute sore throat should never be neglected for a moment, for it is a difficult matter to tell whether it is due to some simple cause or is the forerunner of some profound, constitutional disease which will have your child in its embrace before you are aware of it—some disease, which, if taken in its incipency, is much more readily controlled.

F. S., Lawrence, Kan.—Of course we cannot certainly say what was the cause of the overflow; whether, as your form of statement suggests, the amount of liquid taken caused a greater flow of thin milk than the breast could be expected to hold, or whether the containing capacity of the breasts was naturally small and the breasts, perhaps more sensitive than usual, began to empty themselves on slight distension. Both of these conditions are met with, as well as some others.

T., Hempstead, Tex.—Affections of the throat should, as a rule, be treated by a physician. The tissues are too delicate, and the throat is too important and essential a part of the animal economy, to be tampered with. There are, however, many very important things in the way of preventive measures that only a mother can attend to.

"Young Mother," Toronto.—You are troubled over-much. The wearing of napkins at his age is not so very unusual, and has doubtless been prolonged by the bowel condition this summer. Sometimes the chair seems to prevent a child from exerting the proper force upon the contents of the rectum; and very often the matter to be passed is not yet in the lower bowel and the child is taken up too soon. We do not think spanking of any use. Let the child sit longer—an hour if necessary. He will probably soon learn to have the movements regularly. During the next year, if he follows the average rate, there will be a decided development in his mental condition and those things dependent on mental advance.

A. G., Lafayette, La.—First of all, the fact that she is at an age when teeth are coming suggests that she may be fretted by pain in the gums. Outside of this, and by far the most common cause of disturbed sleep, startings, etc., is some fault in feeding or digestion. A little too much food, particularly at the end of the day, often makes sleep restless. So does imperfect or slow digestion, particularly if associated with the for-

mation of gas. Occasionally, but not usually in so young a child, seat worms are the cause of the unrest. Notice if the urine is stronger or more acid than usual, as it may be that the irritation may be in this direction, and, further, it may give you a hint as to the state of the digestion. There are many other causes for restless sleep, but we have mentioned those which seem to us most likely to be operative.

F. S., Westerly, R. I.—Averages of amounts would be in general something like this: First week—ten feedings of one ounce each, at two hours intervals. Second week—the interval is increased to 2½ hours, making eight feedings; and the amount is gradually increased during six weeks, until at the end of that time about two ounces are taken—16 ounces in all. After that three hours intervals are desirable (longer at night). Six feedings are aimed at; practically, nurses constantly slip in one or two more; so great is the belief that a baby is always hungry if awake. These feedings increase during the next six weeks, until at three months of age four ounces is an average feeding; at six months six ounces, and at nine months eight ounces, no more than six feedings being given.

M., Kalamazoo, Mich.—Have you tried junket? This is a means of giving quite a little milk in disguise. Vary your custards—boiled and baked. Try zwieback as a form of bread, and very likely in the cooler weather she will be less resistant against taking broths, meats, etc.

What to Do When Children Swallow Hurtful Things.

Among the wonderful mechanical devices in the structure of the human body which have down the ages filled the minds of devout physicians with admiration of the wisdom and skill of the Creator, none is more admirable than that which is concerned in the act of swallowing. Every mouthful of food, every drink of water must, on its way to the stomach, pass directly over the entrance to the windpipe; and this passage to the windpipe, which ordinarily stands wide open to allow air to enter and leave the lungs, must at every act of swallowing be closed by its little trap-door—the epiglottis—so quickly and so exactly that not a particle of the food, not a droplet of the water which slides down upon and over this trap-door may enter the exquisitely delicate and sensitive windpipe.

Ordinarily, when the tongue has pushed the substance to be swallowed backward toward the gullet, the windpipe rises toward the epiglottis, the epiglottis shuts tightly down over the mouth of the windpipe, and the food slips swiftly downward into the stomach. Sometimes, however, the little trap-door is not quick enough in closing or leaves a little crack open, and a bit of food or a drop of liquid gets through the doorway into the windpipe. The same thing happens when some one at the dinner table says a very funny thing just as we are in the act of swallowing. We attempt to laugh, and in doing so, throw wide

open the trap-door, and "it all goes down the wrong way."

But the wisdom which framed the human body and adapted each part to the duties expected of it has, still more wonderfully, provided for ordinary accidents such as that just described. If the windpipe were a simple, unobstructed tube from the epiglottis to the lungs it is questionable whether any human being would reach middle life; for we would all perish by suffocation or from pneumonia from accidentally swallowing things the wrong way. But the windpipe is so fashioned at its upper part that substances which accidentally slip through the doorway of the epiglottis may ordinarily be arrested and expelled before they have gone far enough down to do any serious damage. Just below the epiglottis, for an inch or more, the windpipe widens out into a moderately spacious chamber known to physicians as the larynx, and to the public as the "Adam's apple." This chamber is guarded below by the tough vocal chords, which, like horizontal "folding doors," are continually moving away from each other and opening, or toward each other and closing, the passage into the lower part of the windpipe, lying far apart in breathing, coming more closely together in speaking or coughing. In many cases, therefore, when a substance has slipped through the trap-door of the epiglottis the vocal chords instantly close below it and it is expelled by

little hurricanes of air in coughing.

It is evident then that the "hurtful thing" swallowed by a child may take one or other of two different ways after it leaves the mouth—either down the gullet toward the stomach, or through the trap-door of the epiglottis towards the lungs—and the treatment is so different in the two cases that we must discuss them under two separate headings: "down the right way," that is, down the gullet, and "down the wrong way," that is, into the windpipe.

Down the Right Way.

If the substance swallowed is a *solid* and is not dissolved at all by the juices of the digestive canal, then the amount of harm which it will do depends upon its size and shape. A roundish body, such as a marble, a cherry seed or a button, small enough to slip easily down into the stomach, will do no harm to a healthy child, but will pass through the rest of the digestive canal without difficulty. Those patients in whom such substances become stuck tight and produce ulceration at the part known as the "blind end of the bowel," or the "appendix," have probably had a disease of this part before the substance was swallowed.

The substance may be so large that it sticks in the gullet and chokes the child. By pressure upon the windpipe in front of it, it may cause symptoms of suffocation, the patient being unable to get breath and turning blue in the face. In such an emergency a thoughtful mother will either turn the child upside down and strike him quickly between the shoulders in the hope that the substance will thus be dislodged and fall into the mouth; or

she will run her finger back into the throat, where the substance can usually be felt wedged tightly into the upper part of the gullet, and hook it out, or if that is not possible, push it so far down into the gullet that it no longer presses upon the larynx and causes suffocation.

If the thing swallowed is pointed or has sharp edges it may, of course, do much more damage after reaching the stomach than in the former case. Needles and pins, being familiar articles in the home are not infrequently swallowed; but considering the number of instances in which they are swallowed they do astonishingly little harm. In most cases of this nature brought to the physician the child is reported to have swallowed the needle or pin some hours or days before. A careful examination of the throat and larynx fails to reveal the offending object, and although some irritation of the parts is left for a day or two by the scratching as it went down **and by the efforts to find it, the whole matter is soon forgotten.** Years afterwards, in some cases, the pin or needle is discharged in an abscess or works its way with but slight irritation to the surface of the body. In most instances, however, the object is in a few days passed safely out by the bowels without the knowledge of the patient. When things with sharp edges, as bits of glass or china, are swallowed, there is much more cause for alarm, since they may cut the walls of the digestive tract, causing hæmorrhage; or if caught in some fold or corner they may cause dangerous ulceration. In all such cases, it used to be the custom to give castor oil in large doses to

hurry the fragments out of the bowels; but recent writers advise that articles of food be given which will cling about the fragments and so protect the bowel walls as the whole mass moves downward. Potatoes are thought to be best for this purpose; so the child which has swallowed a bit of glass, for instance, is to be fed on potatoes, boiled, mashed, fried, baked, in any and every form, for two or three days until the fragment appears in the stools. With this diet, frequent injections of water into the bowels with a syringe would best secure prompt evacuation, without producing thin and watery stools.

Before entering upon the discussion of the swallowing of *liquids* which are hurtful, we are impelled to dwell for a moment upon the thought that prevention is much better than cure; for nowhere is the superiority of prevention shown than here. "Eternal vigilance is the price of safety," but even eternal watchfulness on the part of the mother is hardly sufficient to protect against the still more "eternal" activity and enterprise and inquisitiveness of some youngsters. Certain rules, however, will aid the mother in protecting her children against injurious liquids. One is, to keep all hurtful liquids *locked up*. Another is, to *look at the labels* of all medicines before giving them; and if the medicine is not labeled, to throw it at once into the slop jar. These two rules of life do not demand the highest genius on the part of the mother, but simply a little common sense and forethought. In practice the writer positively refuses to have medicines given from old unlabeled packages and bottles which the mother "thinks is the right medicine"

or "is positive is the same she used last year; but she gave the box to the baby and he tore or licked the label off." And he positively refuses also to decide by the taste or smell whether the medicine is the right one. It is to be hoped that this little sermon from the writer will lead to the purchase by the reader of a cheap *locked* cupboard, placed high up on the wall, into which all hurtful liquids shall be put in future; and to a thorough cleaning out and destruction of all old medicine bottles and packages of uncertain contents at once; and to a solemn vow by the mother that in future she will not only "look before she leaps," but "look before she *doses*."

"Hurtful liquids" may be placed in two groups—those which are not caustic, and those which are caustic. In case a substance has been swallowed which is not caustic the duty of the mother is usually very clear and simple, that is, to empty the stomach as soon as possible. A finger passed far down the throat with moderate pressure over the pit of the stomach will sometimes produce vomiting, but whether this succeeds or fails an emetic must be given as soon as possible. The emetic most likely to be at hand is mustard. Of the ordinary ground mustard, full strength, a heaping teaspoonful must be mixed in half a teacupful of water—best lukewarm—and the child must be compelled to drink it all at once. Then cupful after cupful of lukewarm water must be given, the finger being passed down the throat from time to time to encourage the emetic action of the mustard. If vomiting does not take place in fifteen minutes, a second dose of

the emetic must be given in the same way. Mustard is a perfectly safe and rather stimulating emetic. If it is not within reach, or if it fails to act, powdered alum may be used; a teaspoonful in a tablespoonful of water will often produce quick and satisfactory vomiting. The syrup of ipecac is often kept in the house for colds and croup. A tablespoonful of it may be given instead of the alum or mustard, but it is rather slow in its action. It will act better and more quickly if a teaspoonful of powdered alum is mixed with it.

Sometimes a child cannot be induced to vomit by any of these means. In such cases the physician, who, of course has been early summoned, will use a stomach pump. After the poison has been thrown up, the stomach

should be cleansed as thoroughly as possible by repeated draughts of tepid water, and repeated vomiting produced by passing the finger back into the throat. If some time has elapsed since the child swallowed the hurtful substance, and it is likely that the substance has passed in part into the bowels, then a little while after the stomach has been emptied a good dose of castor oil should be given. This will carry off anything that is in the bowels. Sometimes it will vomit first and purge afterwards, thus doing double service. Under no circumstances should an emetic and an injection of water into the bowels be given at the same time, for if they are given together and act at once the child may go into collapse.

The Mother's Parliament.

Shells as Playthings.

I would like to suggest shells as very satisfactory toys; not merely large shells, but little ones even of the commonest sorts, which almost anyone could procure with little trouble. A half pint of little shells, a little box or two, and a tiny tin cup or patty pan, will keep almost any children from two years old (or as soon as they can be trusted not to put them into the mouth) to seven or eight years, quiet for the most of a half day. My little ones play with shells by the hour. I put a box of them on the table with some little tins, draw up two chairs, and the children are happily disposed of for a long time.

The value of a plaything to the child consists much more in its possible uses than in its own character, any many things may be done with a box of shells, and many different arrangements may be made of them. They are in themselves so beautiful, and so varied, that the mere comparison affords great pleasure, to say nothing of cultivating a love for the beautiful.

F. D.

An Insect Hippodrome.

For many city children who are taken to the mountains and the seashore in summer, the "Happy Family" here described may have attractions. My children found pleasure in it for

many a summer. Take any shallow wooden box. Ours was about the size of a school atlas, and about six inches deep. In it we put earth, pebbles, moss, and a few small plants. For a cover we used a piece of wire-netting, nailed on a wooden frame to make it fit well. Then the children began a collection of small living creatures—caterpillars, spiders, worms, beetles, grasshoppers, etc. We kept our box well watered, so that it should be like a small growing field. The one rule in regard to it was that all the inhabitants should be happy. The whole could be easily carried from place to place.

The children had endless pleasure in watching the little creatures feeding, burrowing, and spinning, carrying on all their domestic affairs as much at their ease as if they were free. When any one appeared to languish he was immediately let out, unless, as was often the case, he saved us the trouble by escaping. His absence made room for a fresh pet. As the season advanced some of our pets presented us with fine cocoons.

It is best to keep our "Happy Family" box on some piazza or windowledge, for in case it is indoors the frequent escapes might be annoying to the people of the house. G. D.

Hysteria in Children.

Medical authorities define hysteria as being a functional disease of the nervous system, characterized by mental or physical disorders or both. This is a hint to mothers of children who are "merely" nervous. R.

Teaching Baby to Go to Sleep by Degrees.

In reading the many helpful suggestions in your magazine it occurred to me that perhaps one method of teaching Baby to go to sleep by himself might be of value to some of your readers.

We had always heard of the trial of the first nights where Baby was left to go to sleep all alone in the dark, of how it was probable he would cry for three nights, and cause the whole household to weep in sympathy, and we determined to see if there were not an easier way for all concerned.

When he was two months old we bought a little "baby" hammock, and at bed-time put him in it on a pillow, and swung him gently till he went to sleep. At first it took fifteen or twenty minutes before he dropped off to sleep, then we took him out and put him in his bassinette. In the morning, if he woke too early, we put him in the hammock again, and by swinging him a little kept him asleep till it was time to get up. We put him in the hammock for his nap in the day-time also, and each day we swung him less and less, so that when he was four months old we simply set the hammock swinging and went away. From that there was only a step to leaving him without swinging, and then to putting him in his crib instead of the hammock; so when he was four months old, the little fellow went to sleep in his crib, sometimes before we could tuck him up and turn out the light.

He never once cried at being left alone or at having the light put out,

and when I heard a friend, the other day, relating her trials in establishing her little girl in this same habit, I realized that we had found a very easy way of accomplishing an end that saves much time to a busy mother.—*M. F. W.*

One Phase of the Fairy Tale.

In our Mother's Club we have given a little attention to the discussion of the use of fairy tales, and as they are so particularly recommended as a delightful means of developing the imagination of the child, as well as a recreation, may I present the other side of the subject?

Some years ago, in conversation with our little daughter, I was amazed to discover a most deep-rooted aversion to what she termed "a horrid old step-mother." I knew she had no personal knowledge of one, and a few questions soon drew out the fact that the source of her conception of step-mothers was her beloved Grimm, which we had placed in her hands for her own reading, knowing that her healthy imagination was never disturbed by fear of meeting any of the goblins and giants of whose exploits she so delighted to read.

Here was a dilemma! My own childish love for fairy tales was too fresh for me to feel that I could deprive the little one of her precious book, though I have since met a friend who had the same experience and did not hesitate to throw her book in the fire. My child was older and the impression would not have been consumed with the book. All I could do was to undermine, so, by substituting

for the step-mother of Grimm some delightful ones already known to our child—although she had not known they were stepmothers—her impression was modified, and, from having known from the first that fairies were "just make-believe," she came to look upon such step-mothers as she read about, as also imaginary.

Yet I do not feel that the impression is wholly effaced, and in another case should be careful that my child should hear first of the loving, conscientious type before the cruel and inhuman. Is not this aspect of the fairy tale worthy of thoughtful consideration?—*I. T. F.*—

Science Versus Colic.

All old bachelors and most mothers consider the terms baby and colic as synonymous, for how many babies there are who have cried till the lips were blue, and how often old nurses say that all babies must worry just so much until they are three months old. At this magic age their "worriments" drop from them as a garment, and perfect children are evolved! But science is finding a remedy for all ills; we see it in the perfection attained in the artificial feeding of infants, so that a "bottle baby" is almost as delightful as one nourished in the dear old way at the mother's breast. Indeed, the fear is that before long there will be no necessity for mothers at all, but future generations will spring up from some scientific fact, and like Topsy will have "grewed."

We are experiencing a little of this new *régime* even now, in having no more *melan-colic* babies; on the con-

trary, they are so happy that no longer do young fathers become Knights of Labor, nor the tender young mothers animated baby jumpers. Some months ago a baby happened along our way, and I thought, in the midst of my tremulous joy, as I recollected six other small painful stomachs, "Now for the catnip tea, the anise seed, the peppermint, the wintergreen and their attendant smells, the hot water and the howls," and my spirit sank within me. But my trained nurse produced the ubiquitous glycerine, and putting one teaspoonful into three of warm water administered enough to keep the little new baby from all worrying and crying. The days and nights, under this treatment, passed quietly, for the baby seemed soothed and comforted by the occasional dose, and though he labored under unusual disadvantages he soon won the name of being the best behaved baby of the seven—but all knew it was not from nature or inheritance, but only and exclusively from *glycerine*.—S.

A Despairing Wail Concerning Nipples.

I take the liberty to suggest that you publish an article on the "Nipple," through which artificially fed infants take their food, in hopes that there will be an improvement in that direction. I protest that, considering what these nipples are for, they are very carelessly made. I find the holes so small (and some have none at all) that it is very hard work for the infant to get his food through them. For the first few weeks we used them, supposing they were all right, but now

I make the hole large enough so that the infant won't have to exert all his strength to get his food. I have had some nipples that it actually took me half an hour to get two ounces of milk through, and it made my mouth feel as if all the skin had been sucked off. We used them for the infant because the nurse said it was intended that the child should work for its food, and we could get no decided answer from the doctor as to the average time it required to consume a given quantity.

I don't wonder that children have colic and fret with such instruments of torture as the above. I think the hole in a nipple should be clean cut and perfect and large enough, so that the infant can take his food with as little discomfort as an adult.—E. S.

The Need of Following Directions.

I wish the manufacturers of infants' foods were a little more precise in giving directions for feeding. I used a certain food for my child of six months and it did not seem to agree with her. My mother thought the directions could not be right, as the child did not gain in weight, but the physician thought the trouble must be elsewhere, and advised against the change, supplementing the food with lime water and some medicine to promote digestion.

Ought not the directions to say distinctly how to vary the proportions in case the food disagrees, producing either constipation or diarrhœa?—M. R. S., *Milwaukee, Wis.*

[It is hardly fair to the makers of reputable foods to charge them with ailments or deficiencies in nutrition

observed after disregarding explicit directions. We find your query answered in the directions for preparing the food in question, the remark being, "If there is a tendency to diarrhœa, less water than above mentioned (half a pint to a pint, according to age), should be used; if the child is constipated, more water should be used." You ought to have followed these directions, as it is to be presumed that the manufacturers of the food knew what they were about when they gave them. Still more implicitly ought you to have followed your physician's advice. Changes in food ought to be made for better reasons than a vague thought that the food used does not agree with the child.—
ED. BABYHOOD.

Mothers to the Motherless.

There is a class of mothers who more than others need help, since they have not the insights and inspirations mysteriously imparted by actual maternity. I mean step-mothers, aunts and grandmothers who take up the work of lost dear ones, and those who have reached out and drawn into their care motherless little ones not of their own kin. I am moved to say a word to these mothers by adoption, suggested by much observation and some experience of their peculiar trials.

The error I have in mind might be vulgarly described in the old saying, "Give a dog a bad name and then hang him." Are we not too ready to find displays of hereditary traits running in the blood that is not of our line, and to predict unhope-fully in consequence? Whether or

not it be true, as Carlyle tells us some philosophers have said, that "an infant of genius is quite the same as any other infant, only that certain surprisingly favorable influences accompany him through life, especially through childhood, and expand him, while others lie close-folded and continue dunces," it is true that there are certain almost universal characteristics of childhood—more of them than the discouraged guardian is sometimes able to believe.

There can be nothing more disheartening to a child than to know that evil is continually expected of him. After you have used your best endeavor, then be patient. Much that makes your heart ache now with dread for the future will disappear by a simple process of outgrowing. The child is wonderfully sensitive to hopes which he perceives to be entertained for him; let your faith grow, then, and be an inspiration for his.—*M. H.*

Knowledge for Children.

Mothers of thoughtful little daughters miss a great deal of comforting companionship if they do not take these daughters into confidence when a new baby is expected. An intelligent girl of seven or eight is not too young to find great enjoyment in watching, and possibly helping in, the making of the dainty layette; and she will feel pride and pleasure in undertaking little tasks to save the dear mother's failing strength.

The greatest gain of all, for both mother and children, comes in the fund of sisterly tenderness which grows in the months of waiting. The

little girl so trusted will not be unworthy of the confidence, be sure; and a true womanliness will be developing in her which will by and by help to lead her away from the woman's temptations of selfishness and frivolity.

The extent of the explanations to be given might be a matter of debate. I doubt if harm has ever yet been done by physiological teaching earnestly given by a mother, and who cannot point to an instance of harm resulting from ignorance or half-knowledge? Right teaching is easily given if children are early encouraged to make investigations in all branches of natu-

ral science, as their inclinations prompt. Nature is full of analogies, and from the growth of the rose to the growth of the baby is an easily followed story.

It has long been a matter of wonder to me that children, instead of first being taught Nature's laws, and later learning—as, alas! they must—of the perversions of these laws, are generally left to learn first of sin and then, as a sort of corollary, of what should be. Can we wonder that the moral nature in many cases never recovers from the warp given by this inversion of the proper order of thought?—*H. P.*

The Dangerous Sequels of Eruptive Fevers.

The name eruptive fever is applied to a disease which presents, when fully developed, a definite febrile course, associated with a peculiar and characteristic eruption upon the skin. The eruptive fevers with which the present article has to do are four: scarlatina or scarlet fever, rubeola or measles, varicella or chicken-pox, and variola or smallpox, of which varioloid is a modification.

There are some very interesting phenomena exhibited by these eruptive fevers as a class. They are all contagious, and are apt to attack a child on the very first occasion upon which he is exposed to their influence; and having attacked him once, they are not apt to attack him again during his lifetime. They all occur in epidemics,

which are regulated in their outbreak and spread by laws not yet thoroughly understood. They all exhibit, between the time when the child is exposed to the disease and the time when his fever begins, a period of "incubation," lasting a few days or as long as three weeks, in which the child enjoys apparently perfect health and is not in any way disturbed by the disease which is "hatching" within him. They are all self-limited; and, if the patient has strength to survive, disappear of their own accord, no matter what treatment is used. The fatality of these diseases is determined largely by the severity of the epidemic; some epidemics being mild, some being murderous in their intensity.

The services of the doctor in these

eruptive fevers are very important in steering the little ship through the storm, so that life may be supported by proper nourishment, that hindrances to the natural course of the disease may be removed, and that the force of the attack may not fall too severely upon any of the great organs and leave them crippled in after life.

After the departure of the eruptive fever, certain of the vital organs are sometimes left in a sensitive condition, even if the highest skill on the part of the doctor, and the most watchful nursing on the part of the mother, have been assured. These need careful protection for a considerable time to come, lest injurious or even fatal disease, should be lighted up in them by exposure to changes in the weather, or to disease germs which are everywhere found ready to pounce upon crippled portions of the body. It is very important, therefore, that the mother should know what organs need watching after each of these eruptive fevers, what the danger signals of each organ are, and what measures should be adopted for the protection of sensitive parts.

Scarlatina.

There is a popular delusion that there are two forms of this disease; scarlet fever being a severe complaint, while scarlatina is a mild and comparatively insignificant affection. This popular belief is not only wrong, but *very dangerous*. Scarlet fever is scarlatina, and scarlatina is scarlet fever. The mild forms of the disease seem to deserve but little notice and care in comparison with its severer forms, yet many deaths are recorded in medical literature from the neglect of mild

cases, which would not have occurred if simple precautions had been taken during convalescence.

The organs which are most likely to be injured by scarlatina are the kidneys. In a very large proportion of scarlet fever cases, if not in all cases, these important organs are brought into a sensitive condition during the presence of the fever, recovering their full health slowly after the peeling of the skin has taken place. During the continuance of the fever, however, the patient is under the care of the doctor, and it is his business to see that the kidneys are properly cared for. All that the mother has to do, while he is in charge, is to report to him whether the urine is discharged in sufficient quantity, and whether there is any dropsy of the limbs and body. The kidney troubles with which this article has to deal are those which come on when the doctor is not in charge. There are two conditions in which the mother should be especially on her guard against kidney disease.

First, during convalescence from severe cases of scarlet fever, where the fever has been high and the eruption has been well developed over the body and limbs. After the fever has gone and the eruption has wholly faded away, the appetite returns, and the child seems to be, and feels, quite well. It is difficult to keep him in bed and away from the draughts of air, and to resist his appetite for heavier sorts of food which may cause indigestion. That the body is not yet in perfect health is shown by the "peeling." This is a process in which the upper layers of the skin are thrown off in the form of scales or larger flakes. As long as

it continues, we must believe that the great protective covering of the body—the skin—which shields the inward organs from changes in the temperature of the air, is in a sensitive condition, unable to do its work so well as during health. This “peeling” may not begin for several days, or even a week, after the eruption has disappeared, and it may continue for several weeks. Until it is entirely finished, therefore the child must be protected with unusual care from draughts of air, etc., which may cause inflammation of the sensitive kidneys.

Second, in very mild cases of scarlet fever, in which the child is not thought to need any particular attention. A case of this sort is related by a prominent physician of New York. He says: “Two children passed through the entire course of scarlet fever, playing every day upon the street. Although the intelligent grandmother saw the rash upon them, its nature was not suspected until nearly two weeks afterward, when one of them was taken with fatal disease of the kidneys and dropsy of the whole body.” The writer was very much impressed by the danger of overlooking these milder cases during his service in a recent epidemic in a Southern city. Twenty-five children were brought into the hospital rooms of the Home, believed to be suffering from scarlet fever. While some were extremely ill, quite a number of them would not have been considered as affected by the disease had there not been an epidemic at the time. There was slight fever for a day or two, some redness of the cheeks, a few bits of eruption here and there under the clothing,

and some redness of the throat and mouth. These little patients could with difficulty be kept in their beds. When the nurse turned her back, they would be out of bed, playing Punch and Judy under the chairs and tables. Yet, if very great care had not been taken to keep them for weeks in comfortably warm convalescent rooms, there might have been severe cases of kidney disease among them. The peeling of the skin in some of these mild cases began very tardily and was not finished until several weeks after the patients seemed well of the scarlet fever. In some cases, in which it was thought that peeling would not take place, it began after a while. This shows how necessary it is to guard the mild just as carefully as the severe cases during convalescence.

In a recent medical work, the writer says: “Kidney disease is more constantly present in some epidemics of scarlet fever than in others, and may begin with the beginning or at any stage of the disease; but most frequently the first symptoms are not observed before the latter half of the first, or during the second week. As a sequel it may not appear for several weeks after convalescence. No patient ought to be considered safe until six weeks after the onset of the scarlet fever. In some cases the kidney disease is the direct result of the high fever; but in most cases it is an effect of the peculiar poison of scarlet fever, and in other instances it is probably the result of indiscretion in diet or of improper exposure of the body.”

The kidney disease may manifest its presence during convalescence, either suddenly and violently, or gradually

and without attracting attention at first. Recently the writer was called at midnight to see a young lady who was convalescent from scarlet fever, which had attacked her a month before, and run the usual course, without any apparent disease of the kidneys. She seemed to be fully convalescent. Two days before his visit there was a sudden change of weather, from warm to cold. The day following this change of weather she began to suffer from nausea and headache. On the same night she was seized with violent convulsions, which were ascribed to disease of the kidneys, and she became unconscious for several hours. Under proper treatment she recovered in a few days and made a rapid return to health. In most cases, however, the kidney disease begins gradually. There is slight feverishness experienced by the patient whose scarlet fever symptoms have for some days or weeks ceased, some restlessness and loss of appetite. Then puffing of the face or ankles comes on, very slightly at first, but becoming more evident from day to day. The urine becomes less abundant, perhaps, than is natural, and headache, vomiting, convulsions and stupor show that very grave disease of the kidneys is present.

It is not the purpose of the writer to add to the anxiety which every mother has to bear when her child is taken with scarlet fever by overestimating the dangers which attend the disease, for the patients ordinarily recover full health in a short time. It is, however, desirable that mothers should know that there are certain precautions which they should take in all cases. If kidney disease should occur

after scarlet fever, the mother need not necessarily blame herself with neglect of her little one; for, as has been already suggested, in some cases it is due to the scarlet-fever poison itself, and could not have been prevented in any way either by the mother or by the doctor. It is more apt to occur in certain epidemics; therefore, when children have just died in the neighborhood from kidney disease after scarlet fever, mothers should be doubly cautious to guard against kidney disease if their own little ones are attacked by the fever.

The precautions which should be taken in order that kidney complications may not occur are very simple. Every person who is even suspected of having the disease should be confined in a comfortably warm room, best in bed; hot drinks should be given to bring the rash out freely, and the doctor should be sent for. During convalescence the patient should be kept within the house and out of draughts of cold air until all peeling has ceased. The food should be simple, so that indigestion may not occur. Fatigue should also be guarded against. Very cold drinks or foods should be forbidden, lest the stomach be chilled. As soon as the patient leaves the sick-bed, a band of flannel 6 or 8 inches wide should be pinned with safety-pins around the body, so as to cover the region of the kidneys, and similar bands should be worn for a month or more, being exchanged for thinner bands as warm weather approaches. The bands must not be carelessly left off at times, but must be worn continuously until all danger of kidney disease is past, and then they may be

cut off strip by strip. This idea was first suggested to the writer by the use of similar flannel bands by persons who are liable to catch cold on the bowels. Such persons, who are perhaps left sensitive after severe dysentery, obtain great benefit by wearing the bands about the abdomen.

It may be remarked in passing that attendants upon scarlet-fever patients should always be careful not to catch cold during their time of nursing. Many attendants have a form of sore throat which is believed to be modified scarlet fever. If this is present there is no reason why such attendants should not get disease of the kidneys just as the patients with very mild scarlet fever, to whom reference has already been made.

The only sequel which requires mention here is the disease of the ear. This sometimes occurs in scarlet fever, and continues during convalescence as a chronic discharge of matter from the ear. For treatment the physician should be consulted. A mother should never let a discharge from the ear continue without treatment, as the bones of the ear may finally be attacked, and the patient may be left permanently deaf. If the ear is properly and gently cleansed each day from the beginning with warm water (properly medicated) and a syringe, the ear will generally heal nicely, and the hearing will be preserved. An intelligent mother can easily do the syringing if she is once taught how it is to be done. The mother should be the more careful to have the ear discharge healed as soon as possible since there is always a possibility that the scarlet-fever poison may be present in the

discharge from the ear, and, if so, other children may catch the disease from coming into contact with the discharge.

Measles.

The most serious complication in this trouble is disease of the lungs. More or less bronchitis is found in all or nearly all cases of measles, from the beginning of the attack to an advanced period in the convalescence. In certain patients, however, the lung symptoms continue long after the patient has recovered from the measles. In these cases there is some danger lest chronic bronchitis or consumption should set in.

In all cases during convalescence from measles great care should be exercised lest the patient be exposed to "catching a deeper cold." The clothing should be carefully regulated so as to meet sudden changes of weather; flannel, either heavy or light, being worn over the upper part of the body in cold weather. If a cough lingers after recovery from the fever it should not be neglected, but should be brought to the doctor's attention, and every means should be used to strengthen the little patient. The writer is accustomed to advise the parents of weakly children who have had severe attacks of measles to give the children a long course of cod-liver oil for several successive winters after convalescence. Children in strongly consumptive families should receive special care after measles. This care, however, should not be carried to the extent of making a hot-house plant of the child.

The other important complication of measles is diarrhœa, which may set

in toward the end of measles and continue for a shorter or longer time. If it is promptly and carefully treated by the doctor, it will in most cases quickly cease. Occasionally it becomes a very ugly sequel. The knowledge of the possibility of this complication should make parents very careful not to give the child unwholesome things to eat during convalescence, and not to allow strong purges to be given for some time after the measles has disappeared. If severe diarrhoea is excited by cold, by indigestible food, or by strong purges in a child already enfeebled by a heavy bronchitis or by pneumonia after measles, there is great danger to life.

Cases of rubella (or German measles) are much milder as a rule than measles, and do not call for the same care during convalescence. The points at which the patient is left sensitive are the same as in measles.

Chicken-Pox.

This is a mild disease in nearly all cases, and leaves the patient in as good condition as before its onset. Very rarely one or more of the pocks will ulcerate, forming ugly sores and leaving behind disfiguring scars; or, in predisposed patients, giving rise to tubercular disease. Kidney disease may possibly occur from exposure during convalescence, or an obstinate bronchitis may be excited. Such sequels, however, are extremely infrequent.

All that is necessary during convalescence is to take reasonable care of the little patient, and to see that any persistent sores are properly dressed until they heal.

Smallpox.

The protection given by vaccination against smallpox is so sure; and the disease is so unfamiliar to the public, that there is danger lest its horrors should be forgotten, and lest the vaccination which alone saves us from these horrors should be neglected by the community. The person who has been properly vaccinated in infancy, and revaccinated every few years during life, is, as a rule, safe from smallpox; and, if he should chance to take the disease, it will appear nearly always in the form of varioloid, which is generally a very mild disease, leaving no unpleasant sequels; even the scars being in most patients only a few in number.

Fully developed smallpox, occurring in a person unprotected by vaccination, is, as an author puts it, "the most loathsome and most dreaded of all the fevers," and its sequels may be very grave indeed. The body, but especially the face, is covered over with thousands of sores like large boils, full of foul matter which gives out a nauseous odor. The mouth and throat are likewise covered with them. As the disease subsides, abscesses are liable to form deep in the issues of the limbs, and the joints of the limbs may become diseased. Unless the most earnest care is exercised by the physician, and sometimes even in spite of his best efforts, a scar is left for life at every point where there was a pock, the face being greatly disfigured. But, worst of all, disease of the eyes and ears may occur, leaving the patient blind or deaf for life.

The writer would not present to his

readers such a repulsive description were it not that there is a great tendency in some communities to neglect vaccination, or to put it off year after year, leaving children exposed to all the dangers mentioned. The vaccination of a child during severe ill-health, or during the existence of a skin eruption, or even in the hot season of the year, is not to be recommended, unless smallpox is raging in the neighborhood. But every child above a few months of age ought to be carefully vaccinated as soon as possible.

The person who allows his family to grow up, even in the country, unvaccinated, is guilty of a crime against his children and of a crime against the community in which he lives. A minute spent in a dwelling house or in a railway station with a person who has the smallpox poison about him, may bring all its horrors upon a child and make it a center of infection for a whole neighborhood.

The severe sores which sometimes occur at the seat of vaccination may be prevented if the physician is allowed to properly dress the vaccination until it heals.

He was Proud of Mamma.

To those parents who are doubtful whether children ought to be made to obey, I would like to relate the following incident. My husband, most injudiciously, I must confess, once said to our little boy: "I don't believe mamma can make you mind. Can she?"

He spoke in joke, but the child took it in solemn earnest, and instantly realizing that I was accused of what would be a disgrace to me, if

true, quickly undertook my defense, with quite a little show of anger. "Mamma *can* make me mind," he said. "She makes me mind better than you! You're not at home all day, so you don't see her. She *can* make me mind, and," he added triumphantly, "sometimes she punishes me!" Could anything be a better proof that a child respects a parent for "making him mind?" The punishments seemed to excite his indignation, yet he referred to them with pride, as a proof that his mother was a sensible woman, according to his firm belief. Do our children respect us when we weakly show ourselves unable to govern them? My child at six or seven answered for himself, and probably for others also.

A.

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The Healthy Woman

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Professor of Materia Medica and Therapeutics, University of Minnesota
Medical Inspector Health Department, Minneapolis, etc.

PRICE, \$1.00.

This is emphatically a book which ought to be in the hands of every woman. It explains, in plain and chaste language, whatever tends to the development—physical, mental, and moral—of healthful womanhood and motherhood. The high professional standing of the author gives it a unique value. Following are some of the topics discussed :

From Girlhood to Womanhood.

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Natural Disturbances. Abnormal Discomforts and Their Significance. The Normal Period.

Diet in Special Cases.

How to Reduce Corpulency. Diet for Debility and Anæmia. Other Sanitary Measures for Anæmia.

Care of the Body.

The Results of a Sedentary Life. The Value of Regular Habits. Precautions and Prevention.

Care of the Hair.

The Best Way of Wearing the Hair. How to Treat the Scalp. Brushes. Hair Cutting. The Shampoo. Pomades.

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Household Duties. Reading and Study. Social Life. The Education of the Children.

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Common Sense versus Fashion. Underclothing. Some Objections to Woolen Garments. Corsets, Shoes, etc.

Courtship and Marriage.

Proper Behavior. Early Married Life. Motherhood. The Hygiene of Pregnancy. Mental Influences.

"The Healthy Woman" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

THE CONTEMPORARY PUBLISHING CO., 5 BECKMAN ST., NEW YORK.

What a Countrywoman Did.

The above case is noticed as a matter of fact, should any woman who reads these lines feel timid about engaging in any legitimate work which we may outline.

A few years ago, in central New York, a woman was left with two small children to care for, and all the assets available were a house poorly furnished and an acre of low land. Perhaps in the assets we should count her own ability, and a desire to be self sustaining, and \$25 that was given her by friends. Now this is what she did:

With \$17 she bought thirty-five good hens, and with the extra care she gave them they were a large factor in supporting the family for the first, and by far the hardest year of her effort at self-support. Next she purchased \$3 worth of horseradish roots, and planted them with her own hands, in the corner of the low land, covering about one-eighth of an acre with them. She also procured some celery plants at a trifling cost, and spading up another portion of her acre, she set these plants in trenches, and tended them carefully till fall. Through the summer she was obliged to work some for those who needed her services, as, without this, her hens were her only source of revenue, and not quite sufficient for her needs.

In the fall she harvested and marketed her celery, receiving a total of \$73.50 for her crop. The following spring she dug and sold \$119.84 worth of horseradish, and by saving what roots were not marketable, and the crown of each good root, she replanted half an acre of land again for the following year.

The first year's figures show:

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First—There are no Safety Pins or teeth to tear the bed-clothes.

Second—It can be used on any sized bed or crib.

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RECEIPTS.

| | |
|------------------------|----------------|
| Celery | \$73.50 |
| Horseradish | 119.84 |
| 56 doz. eggs at 35c... | 19.60 |
| | <hr/> \$212.94 |

CASH PAID OUT.

| | |
|----------------------|-------------|
| Fowls | \$17.00 |
| Horseradish root.... | 3.00 |
| Celery plants | .80 |
| Market expense | 7.50 |
| | <hr/> 28.30 |

Profit \$184.64

Besides this she had sixty-nine nice young fowls, which, added to the thirty-five she purchased, gave her about one hundred with which to start the second year. This was sixteen years ago, and to-day this woman has an income from her hens, celery and horseradish of over a thousand dollars a year with an expense account of but one hundred.

A French Three-Year-Old.

Those readers who understand French may be amused at the following remarks of a French three-year-old upon the birth of her baby brother, as reported to me in a recent letter of her mamma's. On the day of his birth, she said: "Oh, comme c'est ennuyeux! Voilà le docteur qui apporte



THE BABY TENDER

(Richardson's Patent).

A Baby Walker and Jumper Combined.

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mon petit frère, et ma maman s'est cassée la jambe!" ("Oh how tiresome this is! The doctor brings me a little brother, and my mamma breaks her leg.") This was because her mamma was in bed. The next day she, as her mother expressed it, "boarded" the doctor, and said with a very serious air, "Docteur, je crois que mon petit frère va bien, mais je le trouve très rouge, cet enfant là." ("Doctor, I believe my little brother is doing well, but the child looks to me very red indeed.") *A. P. C.*

Complication of Measles.

Dr. Swoboda has described the case of a three-year-old girl suffering from subcutaneous emphysema following measles. The child was rather weakly, weighing only six kg., had a tuberculous family history, and was extremely rachitic. Seven days after the onset of the measles it showed marked swelling of the neck. This soon became extreme and spread to the rest of the body; the eyelids were puffed up to such a degree that for a week the child was unable to open them; percussion everywhere elicited

tympanitic resonance and on palpation crepitation was felt. Placed in a bath tub the child floated like a cork on the surface of the water. The swelling subsided thirteen days later; on x-ray examination numerous tuberculous foci were detected in the lungs and it is likely that these lesions played some part in the production of the emphysema. The condition might be explained by assuming the rupture of the dilated alveoli or cavities, permitting the escape of air into the interalveolar tissue from which point it spread to the hylus of the lung and into the mediastinal connective tissue; or superficial alveoli or cavities may have ruptured and the air may have entered the pleural cavity from these. Several similar cases have been reported in the literature.

Cancer as a Cause of Death in Assured Lives.

R. Hingston Fox, who is thoroughly conversant with life assurance statistics, states that the rise of the cancer death-rate has affected women less than men. This may be due to the fact that the disease in women is



THE RUDYARD CREEPING APRON

For babies from 6 mo. to 2 years of age. Only three buttons. Keeps the clothing clean. Neat, serviceable and inexpensive. Write for illustrated folder, if interested.

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in a great majority of cases on the surface of the body or in the pelvic organs, where it is comparatively accessible. He believes that the family history of cancer in the patients who died of that complaint was far more frequent than in the case of applicants generally. He points out one important feature about a family history in malignant disease in a male applicant. It is of less importance in earlier life, and of increasing moment to those who apply later. This is contrary to the rule for the value of a morbid history, namely, that it diminishes as age advances, as is especially shown in the case of tuberculous disease.—*The Medical Examiner and Practitioner.*

The Prophylaxis and Management of Rheumatism in Children.

Dr. F. M. Crandall read this paper. He said we did not do our duty by the rheumatic child if we treated only various symptoms as they arose without instituting prophylactic management. Even if we accepted the infectious theory of rheumatism, we should still continue to consider certain conditions as predisposing causes, the prevention of which must be an important part of prophylaxis. He considered the prevention of rheumatism under six headings: Clothing, exercise, hygiene, climate, diet, and prophylactic medication. The rheumatic child should wear flannels at all times, though thin ones in summer. Tepid and cool baths should

be given even more regularly than to a normal child. He objected to the custom of exposing the legs of children to the cold. He recommended proper care of the throat, the removal of adenoids and large tonsils, as the throat was one of the most frequent portals of entry of the rheumatic infection. Exercise and outdoor life should receive particular attention. There were days of damp east winds when children of rheumatic tendency should not go out on the streets. However, they should not be deprived of proper and sufficient exercise. The parents of these children should be impressed with the importance of sending for the physician at every attack of joint pains, tonsillitis, influenza, etc. The mildest attacks were worthy of attention. The average child did well at the seashore during the summer, but in his experience not so well in the mountains at too high an altitude. Damp valleys or lake regions where there were many fogs were not to be advised. The rheumatic child more often required tonic treatment than did the average child. They were prone to be anemic, and should receive iron freely. Cod-liver oil was also valuable. Maintaining the nutrition by judicious feeding and exercise and the administration of cod-liver oil and iron were important features in prevention. He was convinced that we could do much by the use of salicylic compounds to prevent acute breaks of rheumatism. He could not urge the necessity too strongly of administering salicylate of soda in the intervals between attacks. Whenever there was a recurrence of rheumatic symptoms he advised the use of salicylate of sodium in doses of from three to five grains, three times daily, for one or two weeks of each month, for months at a time.

The Baby who Travelled 14,000 Miles

ARE you hesitating about taking a little trip with baby? Do you feel that the question of feeding will be too great to solve, and for this reason it would be better to stay at home this year?

You need not hesitate a moment if you will use Mellin's Food, for then you may be sure that the journey will be one of safety and comfort.

Do you question this?

Here is an interesting and convincing proof.

Mr. Pflueger of Siegfried, Penn., wrote us some time ago that starting from Bombay, India, with his little baby, Dorothy, he travelled a distance of over 14,000 miles through India, China, Japan and many other countries in the far East, returning to his home in Pennsylvania by way of Canada. When they reached home baby was only 14 months old.

Think of what it would mean to you to take your baby 14,000 miles. But this little baby did it, and during the whole trip enjoyed the best of health.

Dorothy was fed solely on Mellin's Food.

Incidentally note that Mellin's Food is for sale and in use throughout all the civilized world, and it matters not where you contemplate going, you will not have to carry a quantity with you, for Mellin's Food will be there waiting for you and baby.

Can you think of any other preparation that is so universally known?

Here's a part of Mr. Pflueger's letter:

"Passing as she has from the oppressive heat of the tropics, as fast as steam could carry, into the extreme cold of Canadian winter, she has withstood the great climatic changes with a fortitude which I attribute to my constant and exclusive use of MELLIN'S FOOD, and to which I am indebted for her firm flesh, sound limb and nerve, vivacious spirits and general robust health. I have never been in a place where I could not obtain Mellin's Food; even in the plague and famine-stricken districts, where it would seem hopeless to create a demand and find a market, you have, in the face of all native prejudice, found your field."

Does not all this reassure you? Do you not now feel that you can take that little trip with baby?

Of course you can.

Thousands of other mothers have done it with their babies.

Let us send you, Free, a copy of our Book, "The Care and Feeding of Infants." It will tell you more about it.

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Typical Mellin's Food Babies.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

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A Vermont Lemonade.

A delicious and tasty lemonade that is not only gratifying to the taste but nourishing as well. For this mixture allow one fresh egg to each glass. Beat until nearly light and then whip thoroughly into a plain lemonade and serve cold. To make this drink richer than usual allow four lemons to the quart and squeeze in juice first. This same beverage may be made like the usual lemonade, only

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De Luxe "Kreepletts"—Blue and Pink
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Department D.

sweetened with light brown sugar and lemon peel cut in very fine slices, and served with each glass, but should be well shaken in a glass jar before serving.

Value of Sugar.

Generally speaking there is a prejudice against sugar which is not jus-

tified by physiological reasoning—at all events, when it is eaten in moderation; and it is a curious fact that the man who practically abstains from sugar, or reduces his diet to one almost free from carbo-hydrates in favor of protein foods such as meat, often shows feeble muscular energy and an indifferent capacity for physical endurance.—*London Lancet.*

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed:

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

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An Excellent Dressing.

A delightful dressing for roast goose is made of two cupfuls of bread-crumbs, one sour apple, a cupful each of raisins and boiled chestnuts, a stalk of celery and a small onion all chopped fine and mixed with a large lump of butter, some pepper and salt, brought to the proper consistency with sweet cream. Put two tablespoonfuls of red wine in the fowl and rub all through it before stuffing. If more dressing is made than required make into balls and bake a golden brown, arrange around the fowl on the platter; serve with it the popular German conserve "hagenmark," or an apple sauce made as follows:

Pare, core and slice sour apples, place in a saucepan with enough water to prevent them from burning, cook over a slow fire until reduced to a pulp, then sweeten to taste; add a large lump of butter, some grated nutmeg; beat with an egg-beater until light; serve cold.

A Rapid Cure for Lumbago.

J. Farquhar commends the use of the Ung. Antimoni tartrat. (B. P.) in the treatment of lumbago. It is to be well rubbed in. He finds that Croton oil liniment used in a similar way is efficacious in cases of chronic sciatica and allied disorders in the hip region. The pain may return after a time, but the remedy is very useful in relieving the stiffness and gnawing attacks characteristic of this class of disorders.

A Dainty Veil Case.

A case for veils makes a useful and charming article. A piece of brocaded silk, a little longer than the veil is wide and eighteen inches in width, is to be lined with China silk of a corresponding color. A piece of

Is Motherhood Drudgery?

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sheet wadding, well sprinkled with your favorite sachet powder, is to be first tacked on. Finish the case around the edge with a narrow silk cord caught up in loops at the corners, and tie it with satin ribbon an inch wide. When the case folds over and is closed it is nine inches wide. By this device the veils are kept perfectly flat, in excellent condition, and delicately perfumed.

Slaughter of the Innocents.

According to a statement made by Prof. H. W. Wiley, of the chemistry bureau of the Department of Agriculture, more than a million infants have been sacrificed to the various concoctions known as soothing syrups and pain killers, and more than twice that number have been killed by impure milk.

Virginia Layer Cake.

This sweet is one of the best in the Old Dominion State. Beat the yolks of nine eggs until very light. Add to them the full weight of seven eggs in sugar, then the whites of the eggs beaten stiff, and following these the weight of four eggs in flour. Stir the flour in lightly, and flavor with the juice of one lemon. Bake in layers, and when cold spread in the following filling: Strain the grated rind and juice of two oranges through a sieve and add one pound of powdered sugar and one medium-sized coconut grat-

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Mother, we want to mail you our 12th Catalog, 95 styles to please every individual taste and purse. Catalog tells why your selections should be a "MARQUA" Cart. Reclining, Adjustable, and Foldable Carts for Babies, from

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is fitted with an Aluminum Screw Collar that securely holds the Nipple to the Bottle. It is impossible for the child to pull the nipple off the bottle, thus removing the danger of the child choking on the nipple, or drenching itself with milk. Can be used with any pull over nipple. Made in two shapes as shown by the cuts. If your druggist cannot supply you, send us 25 cents and we will mail you one of the round shape, complete with our Perfection Nipple.



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ed fine. Then beat the whole into the white of an egg, which has been whipped to a stiff froth.

Maple Mousse.

Whip one quart of cream until quite thick. Break the yolks of three eggs into another bowl, beat until light, and add gradually one cupful of maple syrup. When the two are well mixed, whip them gradually into the cream. Pour the whole into a freezer can without the dasher, cover, pack in ice and salt, and let stand for three hours.

For young people's party nothing is better than this wholesome punch. Make one quart good tea, strain and stand aside to cool. Boil one quart of water and one cupful of sugar well together until they form a syrup. Remove from the fire and add the juice of six lemons and the grated rind of two, the juice of four oranges, and the grated rind of one. When cold add the tea and if possible add to the whole a cupful of grated pineapple and its juice. Serve from a punchbowl in which is a block of ice.

Babyhood.

Devoted exclusively to the care of infants and young children and the
general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
Pres., 140 Nassau St.

FRANCIS D. POLLAK,
Sec'y and Treas., 49 Wall St.

VOL. XXIV.

OCTOBER, 1908.

No. 287.

Cold Hands and Feet.

Many children, though apparently in very fair health, habitually have cold hands and feet. This is, indeed, such a common occurrence that, in many instances, it hardly excites the attention of those to whom the care of the children is entrusted. Even if it does strike the observer as rather unusual, it is generally dismissed with casual comment, as of no particular importance. This is, in the opinion of the writer, a serious mistake, since the existence of persistently cold hands and feet seems to him the infallible index of disorder in the bodily mechanism, or of deterioration in the vital fluids, which should receive prompt attention and which, if disregarded, may lead to graver pathological conditions. This remark does not apply, of course, to those cases in which the extremities have been only temporarily chilled by exposure to cold and to moisture, and in which the natural temperature is easily restored by the agency of warmth, of dry air and of friction.

There are several unnatural conditions capable of giving rise to cold

hands and feet, and some of these leading factors are here tabulated in order that BABYHOOD's readers may more easily ascertain the causes of cold extremities and may, if possible, remove them, with the view to the prevention of actual disease. These conditions are: 1, Indigestion; 2, Nervous Excitability; 3, Imperfect Circulation; 4, Impure Blood. In order that the reader may readily understand the physiological mechanism by which the first two causes produce their effects, it is proper to recall the facts that the warmth of a part will depend, other things being equal, upon the amount of blood present in its tissues; and that the quantity of blood sent to the various organs is determined by a delicate double system of nerves, which regulate the calibre of the blood vessels and which are themselves controlled by nerve centers located in the brain and in the spinal cord. One of these sets of nerves contracts the muscles in the walls of the small arteries, thus partially shutting off the blood from the vessels, while the other set dilates the arteries. If the latter nerves gain control of the arteries, in

any part of the body, these vessels increase greatly in capacity, and a larger quantity of blood passes into them and into the corresponding veins, the surface soon becoming red and warm. An example of this physiological act is seen in blushing. Sudden pallor is, on the other hand, due to the preponderating influence of those nerves whose duty it is to contract the blood vessels.

Now, *indigestion*, the first cause of cold hands and feet mentioned in our list, probably produces its effect upon the extremities by stimulating the centers which control the vessel-contracting nerves. It is assumed that this may be accomplished either by the irritation of the mucous membrane of the stomach and of the intestines, through coarse or undigested foods, and by the stimulating products of unnatural fermentations, or by the absorption into the blood of these same irritating substances and of poisons emanating from the bacteria which are instrumental in producing fermentation of the undigested foods.

While indigestion is probably the most frequent cause of cold extremities, it is, perhaps, the most easily removed of the causes enumerated above. The writer has repeatedly insisted, elsewhere in *BABYHOOD'S* pages, upon the necessity of checking digestive disturbances speedily, lest they lead on to actual digestive and constitutional diseases. This warning he begs to repeat and to emphasize in this connection. When, therefore, cold feet and hands betray the probable presence of disturbed digestion, let us spare no means, whether dietetic, hy-

gienic or medicinal, to remove any existing dyspeptic ailments before they lead to organic disease.

In cases of cold extremities from any cause, temporary relief may be afforded, by various means, while the real source of the trouble is being discovered and remedied. Much good may be accomplished by properly protecting the hands and feet. Woolen or silk stockings should be worn during the fall, winter and spring months, and should be changed several times daily, in order that the perspiration retained in the stockings be not long kept in contact with the feet. If this precaution be neglected, evaporation from the damp stockings soon chills the feet, the effect being the same as if they had purposely been enveloped in moist cloths. Brisk friction, with the hands and with dry towels, employed at the time when the stockings are changed, will greatly assist the circulation in the feet, thus promoting warmth and comfort. The shoes should be so large as not to pinch the foot, and the soles and uppers should be thick and firm. The hands ought to be protected by woolen mittens or gloves, which should be well dried, at the fire, from time to time.

Nervous Excitability may give rise to cold extremities. The nervous system is so delicately balanced and so susceptible to slight impression, in this class of cases, that little shocks and irritations of the controlling nerve centers are constantly produced by influences incapable of exciting such responses in those children whose natures are more phlegmatic or apathetic. Emotions, whether of joy, of

sorrow, of anger, of pleasure or of pain, may suffice, in these patients, to set the vessel-contracting nerves into action, by which the surface is deprived of blood and depressed in temperature. Nervous susceptibility, of such a high grade as has just been described, should be removed by proper management and treatment, lest it lead into functional or organic nervous disease. The cause of such exaggerated sensibility, on the part of the nerves, may be deeply hidden and may require the aid of the family physician for its discovery and its removal.

Imperfect Circulation may be responsible for persistent coldness of the hands and feet. The reason for the coldness is easily understood in these cases. The heart's action is not strong enough to propel the blood into the extremities with sufficient force and rapidity to keep them adequately warmed, the hands and feet being more remote from the central organ of the circulation than any other parts of the upper and lower members. Given this origin of the symptom we are considering, it may be of great importance for the future physical welfare of the child that the heart's action be strengthened, and that any unsuspected cause for this weakness of the circulation be ferreted out and, if possible, removed. This is true because, without healthy heart action, perfect growth and nutrition are impossible, and because heart weakness may imperceptibly develop into actual heart disease.

Diseased Conditions of the Blood may also occasion coldness of the

hands and feet. The warmth of the body (called vital heat), as well as its growth and repair, is chiefly due to oxidation occurring in all the tissues. The oxygen required for this all-important chemical process is conveyed to the tissues by the red corpuscles of the blood. If these corpuscles are diseased, so that they cannot act as efficient oxygen carriers, or if they are not sufficiently numerous to convey an adequate supply of oxygen, normal oxidation cannot take place, the temperature is reduced below the normal point, and the tissues suffer from in-nutrition.

If this condition of affairs is allowed to continue, the child's growth must be stunted and the patient is also exposed to graver dangers from the occurrence of any constitutional disease than he would be were his blood and his nutrition in a healthy state. It is natural that coldness of the surface, due to depreciation in the quality of the blood, should show itself most strikingly in the extremities, for they are more exposed to refrigeration than the more warmly covered trunk and members. They are, moreover, farthest from the heart, the action of which is apt to be impaired whenever the blood is disordered.

In conclusion, the writer begs his readers not to neglect this apparently trivial symptom of cold hands and feet, but, being forewarned by its appearance, to seek out and remove its cause, in order that their children's natural growth and development may be promoted and that possible disease may be averted.

Baby's Eyes, Ears and Nose.

No factor of the early management so largely influences the future of the baby for good as the proper care of its eyes, ears and nose. The value of strong, true sight, acute hearing and an unobstructed respiration, together with sweet wholesome breath, no one underrates; and yet how often this is disregarded is woefully witnessed in the infirmaries, and by the specialists devoted to the treatment of troubles connected with the organs of sight, smell and hearing.

The effects of defective eyesight, deafness in any degree and the various forms of catarrh are not only destructive of personal comfort and detrimental to beauty, but our success in business, our chances of gaining a livelihood, from the simplest manual labor to callings requiring superior intelligence, depend upon the soundness of our organs of sight and hearing. The diseases of these organs differ from those of most others in that they have but little tendency to self-abatement, their constant progress being toward greater suffering, incapacity and incurability. All three are mechanical channels of incessant use and, as in all machines, the constant use of the weak and imperfect leads quickly to complete wreckage.

With good medical attendance, the average infant is born with practically perfect, eyes, ears and nose. With the entrance into a world of varying temperature, and more or less faulty judgment, babies suffer, some more, some less, from colds, and later from one or

more of the endemic diseases, mumps measles, whooping cough, scarlet fever, etc. All these, the common cold as frequently as the virulent disease, are prone to affect the eyes, ears and nose. But in by far the larger number of cases proper treatment and care will overcome the mischief. Just here, however, is the difficulty. These slight ailments, as they are lightly termed, are through either ignorance, carelessness, or the masterful severity of the primary disease, overlooked, and when convalescence begins, both doctor and parents are apt to ignore such minor points.

Again, the method of home education and culture is responsible for many troubles with these organs. It is commonly supposed that the poorer classes suffer most from such causes. This, however, is not the case, save in so far as they form a larger part of the population. The very exposure, the evenness of such life, the plainness of its food, regularity of its hours and freedom of its action, resist disease to a great extent. In the homes of the rich as in the hovels of the poor, amongst the schools and colleges as along the streets, catarrh is prevalent. In young men and women in every walk of life, deafness, foul, noisy breathing and weak eyes are the sad proofs of early neglect and, in a multitude of cases, of uncleanness.

It is true that our climate, and our practice of super-heating living rooms have something to do with it, but the mild catarrh that comes and goes with

the climatic changes would be productive of little harm were it minus the efficient aids—negligence and indolence.

The Eyes.

Early application to books, so prevalent in this country, beginning in the nursery, is often less a tax upon the brain than on the eyes. The eye may be fitly compared to a camera. Notice how neatly it is made, set in a bony frame, covered with the softest, smoothest surface, the lid armed with overlapping lashes, and furnished with clear, constant tears to wash away the dust. Just as the photographer has to move his camera nearer to or further from the sitter, raising, lowering, shifting until the image is correctly focused, so the eye with its muscles contracts or relaxes, admitting more or less light; so the head or the object is brought closer or withdrawn until the proper position is attained. The mechanism is similar, but the eye is incomparably more delicate. It changes with disease, weakness, poverty of blood, too rapid growth, too great prominence, too constant or improper use. All these weaken the sight, tire the muscles, disease the lids, and dullness, headaches and suffering result. The layman thinks nothing of slight eye troubles; to the family physician, seldom able to fit glasses, the eyes do not appeal, and so the trouble steadily progresses.

Headache is rare in early childhood. When your little one has a headache which will not yield to the simple aperient, go to the nearest eye specialist or infirmary. Never allow the dislike of wearing glasses to interfere.

Glasses of any description are preferable to the squinting, blinking, and chronic complaining, to say nothing of the injury that without them is sure to develop.

The slightest inflammation of the eyes of the newborn is, in the absence of correct treatment, fearfully dangerous, going rapidly on to blindness, but inflammation of the eyes or lids at any time is a matter calling for an able physician's skill.

The important points of hygiene for the eye, and those which parents can and should enforce, are cleanliness and rest. Keep the eyes clean; be sure the towel has not been used by others whose eyes are red or sore; compel your child, from the time it gets its first picture book, to use its eyes only in a good light, in proper position and on clear print. Fitly enough, it is only the hurtful and often indecent rubbish that is now found in the blurry looking issues printed on half-sized paper with broken-faced type, more injurious indeed for the mind than for the eyes. You may be sure that when with proper light, type and distance, the child is uncomfortable, something is wrong. The dislike of school and study results often from poor sight. It is not always near or far-sightedness; refractive and muscular errors are far worse, and here is shown the wrong of applying at the various jewelry and optical goods stores for relief. Glasses so obtained are generally as far from correcting the sight as may be expected from the doubtful answers of the patient and the haste and ignorance of the clerk.

The Ears and Nose.

The ears and nose must be taken up together, trouble with the nose being a frequent and direct precursor, if not cause, of ear disease; very rarely will ear trouble, outside of simple earache, develop without the nose being first affected.

Cleanliness of the nose then, is the surest means of preventing its disease, and is consequently preventive of ear affections. It is the essential of the most scientific treatment. Babies do not like to have their nose bothered; not because of pain, nor yet of ill temper, but because the natural manner of breathing is through the nose. When you touch the nose, therefore, you interfere with the breathing; hence the restlessness, the bobbing of the head and the crying. Understanding this, if you proceed to keep the little nostrils free, Baby will soon find out you intend no harm. When the nose becomes occluded with hard, dry mucus, when every time you strive to remove it you cause bleeding and pain, when hard breathing and choking coughs indicate that respiration is a task, blame yourself. Begin properly and a well trained babe will help you to enjoy comfort; such babies will make attempts at wiping the nose as early as at five months.

But how clean the nose and establish nice habits? If the baby's nose is full of a tenacious secretion, you will, by using the thumb and finger gently but firmly enough to press the sides of the nose against the septum, and with a stripping motion be able to squeeze some out. Now take a small feather, and inserting the soft end

push it back as well as up, twisting it meanwhile, and so make Baby sneeze. If once is not enough, try again. This will generally effectually empty the nostrils. Now, with a small glass syringe, throw a gentle stream of lukewarm water containing a pinch of salt into each nostril and to finish take a piece of soft paper, roll it skewer-shaped, and dipping the larger end into a bottle of vaseline, anoint with it the inside of the nostrils; apply some vaseline to the outside of the nose also. Should the trouble continue unduly, apply to a doctor. These methods, however, are always of use and never harmful.

Catarrh is one of the most disagreeable of ailments and seldom visits the thoroughly clean to any extent. Long experience in hospitals proves the lack of cleanliness to be a constant cause. Foul breath, obstructed breathing go on to deafness, loss of appetite, a dull, heavy expression, depressing headaches, and in time the sufferer becomes as disagreeable to himself as to others.

Every day the necessity for acute hearing becomes more urgent, not only in the pursuit of business, but also in the protection of life and limb. The diseases of infancy and childhood are the enemies of sound hearing, the earliest troubles in earache often going on to perforation of the drum and its attendant evils. Taken in time, in a large majority of cases, a perfect cure is obtained.

A shrill, unappeasable screaming, rubbing the head against the holder's breast, burrowing in the pillow, holding the hand to the side of the head,

these are sure symptoms of ear pain. When your child has earache, do not ignore it, do not fill the ear with all kinds of oil and spirits and rubbish, but apply heat, flannels wrung out of hot water, or a hot, dry salt bag. Water as hot as can be borne without resistance, syringed into the ear gently and continuously for five minutes at a time will generally stop the pain. If these methods do not relieve, see a doctor who understands the ear. It is criminal for any man who does not understand it to attempt to treat the ear, and it is a foolish mother who allows her likes or dislikes to stand in the way of proper attention.

Cleanliness of the ear is important. It is, alas! fraught with danger in the hands of the rough as in those of the careless. Picking with hairpins, tooth-picks, etc., would be a delicate operation in the hands of the aurist, but warm water, soft flannel and gentleness will never hurt the ear. We know of no better way to clean Baby's ear than the following: Wash the ear, all its folds and hollows with a soft wash-rag, good soap and plenty of warm water; some water will surely trickle into the canal, then take a piece of clean, white blotting paper about two inches long by one quarter wide, roll it between thumb and finger, and with a twisting motion insert gently. The water will be absorbed by the paper, will soften the paper, and the twisting will loosen and collect the wax. If this latter operation is done twice a week, Baby's ear will be clean.

A constant tendency of early life is the putting of peas, beans, etc., into the nostrils and ears. Should such an

accident happen, best send for a doctor and not seek to remove the cause yourself. Such bodies do no harm if skilfully and quickly removed.

The ordinary diseases of early life, measles and scarlet fever especially, are the common causes of obstinate inflammation of the ear. Why it should be overlooked, how mother and nurse can allow an ear to discharge and become fetid ere they become alarmed, is not conceivable, yet such negligence is not rare. Remember, *that discharge is the open door to foul chronic catarrh, incurable deafness and even brain disease.* Do not delay. In such a case go to an infirmary or specialist, wherever nose and ear are treated conjointly, go and keep going until science has done its all. Remember that deafness will render the brightest child stupid. We believe half the inattention so often complained of is due to inability to hear quickly.

Mouth-breathing is a reliable sign of something wrong. The proper way to breathe is through the nose; when the mouth is used, when children sleep with the mouth open, it is because the nose is stopped. The nose is constructed to warm, moisten and filter the air before it reaches the lungs. How detrimental then must it be for the air, sometimes hot, sometimes cool, now dry, now damp and always laden with dust to pass directly through the mouth into the lungs. And the dull stupid countenance so common in mouth breathers is quite unmistakable. The skilful surgeon will remedy the trouble. A small operation without dangers restores to the child the natural channel for its life breath.

Teach the child to keep its nostrils as clean as if they were always in view. From its earliest days, fasten a little handkerchief to its dress with a safety pin and show Baby how to use it. Before it talks or walks, it may be taught to blow or wipe its nose.

At first this is "cunning," then it becomes useful and these habits of cleanliness are forever fruitful of good. The face can never be called ugly that is clean and bright; on the other hand, the face will never appear beautiful that is in any way dirty.

Health and Morality.

Very much has been said and written concerning the physical and moral training of children; yet there remains scarcely a subject that has been more misapprehended and unwisely put into practice. In order to develop the highest type of manhood or womanhood, there must be a symmetrical development of the physical and moral nature. The physical and moral nature are so closely allied, so correlated, that all conditions affecting one modify the other.

This mutual relation and interdependence makes symmetrical development a necessity. Neither the physical nor the moral nature can reach its highest development at the expense of the other. All bodily and mental conditions affect conduct and character; hence, sound health is the foundation on which to erect a good moral superstructure. The symmetrical development of children—the production and preservation of a sound mind in a sound body—is the imperative duty and should be the highest object and aim of every parent. The proper training of children therefore becomes one of the most potent factors in civilization, and parents are largely responsible for the future of the race.

At birth a child is simply "organized suction." He is a little bundle of animal appetites and propensities, with latent potentiality for good or bad. He is simply what he is by inheritance, as he has yet acquired nothing. He develops in body and mind according to natural laws. At first, hereditary tendencies predominate; then, finally, through environment and education acquired tendencies prevail, and life is thus made up of predisposition and acquisition. Predisposition, or hereditary tendency, determines greatly the nature, quality and extent of all acquisitions—physical, mental or moral. It is essential, therefore, that children should be well born, as well as properly trained. Training should precede birth. A child's physical and moral character is determined by his physical, mental and moral inheritance, as well as by environment and education. The great laws of hereditary transmission are inexorable. Like produces like, each after its own kind. As the parent, so the child. We do not gather grapes from thistles. Parents should not be selfish or immoral and then expect their children to be angels of light.

The differentiating characteristics of children are easily traced to their source in their ancestors. They cannot escape from their ancestors, who write the notes for the music of their lives and are largely responsible for the result, be it harmony or discord. Parentage is the loom that weaves destiny. It is the fate, limitation, necessity that circumscribes and entralls some, and it is the gate of liberty and of opportunity for others.

Children are not born with equal physical, mental and moral capacities. Each individual nascent germ seems to have a formative capacity of its own. Some inherit a weak constitution and an innate incapacity for mental development. Many are deficient in bodily or vital energy, and are weak, nervous, eccentric, wayward, and predisposed by their very organization to fall. Congenital defects enfeeble mental functions. A child that is born with a weak will and strong appetite is oftentimes so limited and restricted as to become easily a slave to them.

A good physical development and a sound nervous system are choice inheritances, and should be the birth-right of every child. If a child inherits these, his moral and spiritual nature will be greatly improved and more easily developed. Moral obliquity may be due principally to disease or to inherited tendencies; hence the moral nature to a great extent depends upon and is regulated by the physical conditions. Correct physical conditions promote morality. It would seem that moral changes, like intellectual changes, are closely dependent upon

physical causes. For instance, an attack of epilepsy sometimes not only effaces the memory, but the moral sense as well. Sometimes a fever or an injury may entirely change the moral character. Thus moral peculiarities are sometimes constitutional.

Environment and education may do much to overcome the ills of a bad inheritance, but they cannot always overcome the effects of a bad organization. Bad hereditary influences, except in a few cases, do not eliminate moral responsibility, but in many cases they greatly modify and limit it. Evil ancestral influences may produce such a flaw or warp of the mental faculties as to lead one to become vicious or criminal. Crime is sometimes the result of an actual disease of the nerves; hence some criminals are born, not made.

Man's responsibility for crime has a limit fixed by the amount of nervous, mental or moral defect in his organization. Pre-natal influences or the inherited diseases and tendencies frequently culminate in an inborn instinct to commit crimes. In such the instinct of pity or of honor is deficient—they are moral-blind. Environment and parentage—as Lambroso, Lévy-Brühl, Garofalo and others maintain—exert a most potent influence in forming a vicious or a virtuous man; indeed, the seeds for a criminal are often laid even before his birth. Parents who possess a diseased nervous system and are deficient in the moral elements entail a morbid tendency upon their children. It is of prime importance, therefore, that the nervous system of parents should be kept

healthy and normal. The Italians, Spaniards, Mexicans, etc., are a very emotional people, but they are not pre-eminent for their morality. The more we act on impulse, the less are we guided by the rational will. A sound nervous system, by balancing and guiding the emotions, promotes morality. Pain and sickness often sour the temper and contract the heart and lead to many forms of wickedness.

When there is great mental or physical depression, the conscience may become neuralgic and the individual a spiritual hypochondriac. Carlyle complained of being "bilious, nervous, impoverished, bug-bitten and be-devilled"; hence we do not wonder that he was, as he says, "splenic, sick, sleepless, void of faith, hope and charity—in short, altogether bad and worthless." "Happy those," he says, "to whom Nature has given good animal spirits. It seems as if the problem of living would be immensely simplified to me if I had health. I declare solemnly, without exaggeration, that I impute nine-tenths of my present wretchedness and rather more than nine-tenths of all my faults to ill-health." His moral condition was but a reflex, or an echo, of his physical condition. There are those whose bad disposition or temper is due to bodily infirmity or disease, and others whose bad disposition is due to defects in character. Carlyle strove manfully to live a noble and pure life, with the highest ideals of manliness and virtue ever before him, and his bad disposition was not due so much to defects of character as to poor health. As

Mr. Beecher once said: "A man must ask leave of his stomach to be a happy man. Good digestion, you are good-natured; 'bad digestion, you are morose. Half the grace that's going is nothing but food." A diseased organization gives color and shape to the disposition, motives, thoughts and acts. The color of light is determined by the medium through which it passes. Dyspepsia may produce a gloomy, morose disposition, which is the medium through which all things are viewed and judged. This leads to erroneous views and erroneous actions. On the other hand, a person of cheerful, benevolent disposition views the world through a Claude-Lorraine glass, and to him everything assumes a bright and sunny aspect. In this clear summer atmosphere reason and conscience become clearer and sounder than when exercised in the foggy and chilly atmosphere of a morose disposition.

It is equally true that all mental conditions affect the body. A melancholic temperament is subject to depressing emotions, and depressing emotions greatly influence the physical condition by causing changes in nutrition, secretion and excretion. Depressing emotions may change the amount of gastric secretion; may increase the quantity and vitiate the quality of the biliary fluids; may check nutrition, and even produce fatal anæmia.

It seems scarcely possible to over-estimate the scope and importance of those laws which tend toward the acquisition and preservation of health, physical, mental and moral. If a

child is scrawny and sick, peevish and morose, full of bile and "cussedness," he will upset the decalogue and break every commandment; but do not set him to reading "meditations on death," or to studying catechisms, but send him to the gymnasium, allow him to commune with Nature in the open air, and he will develop a better disposition and a better character. Those pale, devitalized, saintly children, filled with negative goodness and amiable tameness, are insipid and

incapable of those positive, robust, aggressive virtues so much in demand at the present day.

All those, therefore, to whom is entrusted the training of children should recognize the fact that sound health promotes morality and spirituality, and they should strive to develop soundness of body and mind, if they would exert the most powerful and fruitful influence toward the upbuilding of purity and morals.

Tuberculosis.

So much has been said in recent years both in the medical and popular press concerning tuberculosis that a brief, untechnical account of what tuberculosis is and what means we have of avoiding it, will probably be interesting and useful to the readers of *BABYHOOD*.

What Is Tuberculosis?

By tuberculosis is meant a diseased condition, either local or general, dependent upon the presence of certain morbid growths known as tubercles. Once the word tubercle was used in medicine in its original meaning, as a diminutive of the word tuber, for any kind of nodule, whether of bone or any other kind of tissue. But gradually it has been more and more restricted until it now signifies a morbid growth of a peculiar kind. It would be out of place here to give a description of the structure of tubercles. It need only be said that each tubercle is very small and that great numbers must be massed together to

produce a deposit as large as a boy's marble.

It is worth while to mention that one of the most striking medical discoveries of recent years is that of Koch, who showed that a peculiar microbe is constantly present in tubercle and that the infectiousness of the disease apparently depends upon this microbe. This association is so constant that medical men have nearly unanimously accepted the organism as the probable cause of the disease. The various kinds of microbes (microscopic organisms) have received different generic names, sometimes from their appearance. For instance, one group of elongated ones are called bacilli—bacillus being the Latin for a little stick, a rod. Of this type is the organism peculiar to tuberculosis, which is accordingly called the "bacillus tuberculosis."

Various Kinds of Tubercular Diseases.

As was said in the beginning, the manifestations of tuberculosis may be

local or general; and the popular and sometimes the medical name of diseases essentially the same in their nature may be very different according to their situation. Thus in the lungs tuberculosis is popularly called "consumption," because if the disease advances to a certain degree, considerable wasting of the person and damage to the lungs occur. A tubercular disease of the coverings of the brain—tuberular meningitis—is called "water on the brain," while one variety of tubercular disease of the knee joint is called a "white swelling"; and so on through quite a long list of ailments usually of long duration.

The gravity of a tubercular disease depends upon many things beside the mere presence of tubercule. Nothing can be more hopeless than tubercule brain trouble of childhood; the seriousness of consumption needs no comment; while on the other hand, the diseases of the joints, properly handled, give a large proportion of fortunate recoveries, and tuberculous glands ("scrofula") are more dangerous from the possibility of their infecting the system than from the direct local damage done.

There is perhaps no organ which may not be the seat of tuberculous disease. The internal organs, notably the lungs, the mucous membranes, the pleura, the brain coverings, the bones and joints, and the lymphatic glands are all frequently affected. To enter upon the progress, favorable or unfavorable, of tuberculosis, would take us far into technical medicine, and to attempt to describe these processes for special disorders of this group would require rather the space of a

volume than of an article. What space we have must be given to general hints regarding the modes of communication of tuberculosis, and the best methods of avoiding such contagion and of resisting the advance of the disease if acquired.

Sources of Infection.

If all that has been said concerning the dependence of tuberculosis upon an organism be true, then it follows that, as in the case of every other infectious disease, tubercule must have originated from some tuberculous matter received from without. Practically the commonest source is from the expectoration of consumptive people. Whether or not the breath alone carries contagion is at present a disputed point, but expectorated matters, if they become dry, easily are pulverized, and flying in the atmosphere may be inhaled and may find lodgment in various parts of the body. Such matter may cling to articles upon which it has been deposited, as for instance, to handkerchiefs, to towels, to bed linen, etc. It has been found that dust from the furniture and from the walls of rooms occupied by consumptives can be made to infect animals experimentally employed for the purpose.

Tuberculous matter falling upon an open wound may start the infection, and the mucous membrane in catarrh affords favorable conditions for tubercular growth. The condition known as scrofula, with the cheesy changes in the glands, offers a soil of the best kind for the development of tubercule; and in this probably lies the somewhat obscure relation—which has sometimes led to the con-

fusion of two conditions—between scrofula and tubercle.

Infection from Animals.

Unfortunately, one of our domestic animals, the cow, is often tuberculous, and from it the disease may be contracted, either directly, or, as is the rule, by use of infected milk or infected flesh. Fowls, too, are sometimes tuberculous, becoming, in some instances, infected from man, and possibly returning the disease to man again. It is claimed, so far as milk is concerned, that it has been shown to be unsound even when the tuberculous deposit in the cow was not in the udders but elsewhere.

Prevention.

First of all, as the commonest source of infection is believed to be the expectoration of consumptives, the greatest care should be exercised to destroy or disinfect all such discharges. The safest way is to receive all sputum upon something that can be destroyed soon, or into a vessel containing a disinfectant. For this reason handkerchiefs should not receive the expectoration; a cloth that can be burnt is better. At the present time very cheap spit-boxes of paper or wood are sold which can be burned, and so destroyed. A little ingenuity will enable any one to make extemporaneous boxes of pasteboard or stout paper, which may be placed in any ordinary vessel as a support. If an ordinary cup must be used it should contain liquid, as the sputum while wet does not fly about. Against the danger from matter expectorated upon the ground less protection is possible.

Besides ordinary risks, an infant often has the additional one of a tuberculous nurse. If it be an ordinary dry nurse the close companionship is hazardous. No wet nurse with any tuberculous trouble that a physician could recognize would be accepted if she were submitted to his inspection. It hardly need be said that the milk of a tuberculous mother is no safer than that from any other tuberculous woman, and a physician would consent to such a mother's suckling her child only when the alternative seemed still more hazardous.

There is reason to hope that the general appreciation of the communicability of tuberculosis both by the sick and the sound may considerably diminish the prevalence of this disease within the coming generation. The more this infectiousness is studied the less stress is placed upon the necessary inheritance of the disease. A susceptibility may be inherited, but intelligent care may prevent the reception of the poison.

Although cows have been so frequently found, particularly in close, poor dairy stables, to be tuberculous, it is fair to say that so far as the evidence goes, the proportion of cases of tuberculosis due to infected food seems to be small compared to those from inhaled poison. In any event we cannot without folly join those who would treat all milk as a poison and who speak of "our enemy the cow." The inspection of butchers' meat is in this country very slight, and that of dairy herds, so far as we know, is not under any government

control. The great bulk of consumers have practically no control over their supply of milk or beef except the choice of the particular person from whom they will directly purchase, and to whose judgment and commercial honesty they must trust. The consumer would better therefore be his own watchman. Tuberculous meat, if it should by chance be bought, is in all probability made harmless by thorough cooking. And the same is considered true of milk, which can be sterilized by a heat

short of cooking, as the readers of *BABYHOOD* already know. We have, therefore, in these two resources, cooking and sterilization, both within the skill of any housewife, a nearly complete safeguard against infection through the medium of food.

A point worth considering with regard to milk is that it is generally believed that the beautiful Jersey cattle are more liable to be tuberculous than the common breeds or the most robust Holsteins.

Fallacies Concerning the Infant's Binder.

There is no article of the infant's wardrobe to which such a degree of importance is attached by mother and nurse as the abdominal bandage, more commonly called the binder, not because it is usually the first garment in which its little frame is arrayed, but because custom has handed down the belief that its speedy application insures the infant immunity against certain grave accidents. The origin of the custom of enveloping the child in this uncomfortable and unnatural device is not easy to ascertain, but it is very general among civilized peoples.

The majority of the medical profession allow the use of it partly because it is an old custom, and partly through a lack of proper investigation of the real reasons why it should or should not be used. The chief ends to be accomplished by the use of the binder are said to be: First, warmth; second, the support of the abdominal

walls and prevention of rupture at the navel; third, the retention of the dressing on the navel.

As to the first, every woman knows that warmth may be secured by the use of an extra garment of a much more comfortable design. The need of a bandage to support the abdominal walls is regarded by many prominent physicians, among them being our best authorities on such subjects, as being purely imaginary. And it is a fact frequently observed that the use of it tends in many instances to produce rupture, the very accident it is supposed to prevent.

The abdominal walls of the infant do not need to be supported any more than any other part of its body. Nature has not left this region in such an unfinished state that a mechanical appliance is required to protect its weak places. The walls are composed of thick layers of muscles, and the points that furnish the least resistance

are at the navel and in the groins, consequently here is where rupture is most frequently observed; but that a bandage ever prevents its occurrence is doubtful, while it is certain that one too tightly applied often causes it. A high authority says: "Umbilical hernia (rupture at the navel) is frequently caused by a too tight application of the binder." Another: "Among the causes of umbilical hernia ought to be mentioned the binder usually applied to the body of the infant. Nurses, under various pretenses, often apply it so tightly as to compress the intestines and force them violently against the natural openings at the navel and groin." This violent forcing of the internal organs, especially downward, is without doubt a common cause of rupture in the groin. It is here that the use of the tight bandage exercises its most disastrous influence.

The true way to give strength to muscles is to allow them perfect freedom of movement. The natural contraction and relaxation must be allowed to take place in their own way and without restraint, otherwise retarded development and feeble action are sure to follow. In the infant the natural movements of the abdominal muscles, as in crying and respiration, should be allowed to go on in all possible freedom. This very action, when unhampered, does more to strengthen the places of the abdomen where rup-

ture is most likely to occur than any amount of bandaging.

Another evil of the tightly applied bandage is its interference with digestion by compression of the intestines. During digestion the intestines undergo a crawling movement, which greatly facilitates that process and adds to the general well-being of the infant. Anything that restricts this movement and prevents the passage of the food downward retards digestion and produces discomfort. Colic and constipation should be especially mentioned as often being induced in this way.

The dressing of the navel at the present day is a much more simple operation than formerly, when the scorched linen and pot of grease were the necessary accompaniments of the infant's first toilet. Now, the physician merely dusts the part with some dry antiseptic powder, and leaves it free without further dressing. About the third or fourth day the cord drops off when treated in this manner, leaving a healed surface, which usually requires no further attention other than being kept strictly clean. Since no dressing is needed at the navel the bandage becomes a superfluous garment. In fact, in the light of our present knowledge, it is without foundation; and further, that serious discomfort and grave accidents are easily produced by its use.



The Regimen of Children After Weaning.

The first five years of a child's life probably do more to determine the physical stamina and vigor of manhood and womanhood than any other one period which can be named. It is in this period most of all that physical abilities and defects are to be estimated; the one to be developed, and the other to be overcome and substituted. It is the chief habit-acquiring age, and the one in which the physical child is most directly under training and supervision. We are so used to speaking of the school period as the formative one that we often forget the greater physical significance of the years that precede it.

So far as food or regimen is concerned, the first year, by its maternal relations to nutrition, naturally separates itself from the succeeding years. Our knowledge of the literature of dietetics leads us to believe that we have less definite instructions as to the four years following than as to any other period of the same length.

Constitutional Differences After the First Year.

At about one year of age the indications for a change from chief reliance on a milk diet are made very definite by the successive appearance of teeth. There is much evidence that these precious nuggets do not appear much before they are needed for biting or chewing. Already a change is apparent in the demands of the child. It wants something to bite upon; it is ready to chew. Examination shows that it is no longer in-

capable of dealing with starch or other carbohydrates, and that the lactose in the form of sugar of milk is not enough carbohydrate for daily needs.

Most of the demands found under one year of age are increased. The child of under a year needs fully half as much fat, for instance, as a full-grown man, and from one to two years the proportionate demand is still large. The proteid foods, such as what is equivalent to the gluten of bread and the albumen of eggs, need increase, and must be made available in other forms and proportions than those found in milk. The demands for oil, sugar and some fresh animal element, such as milk, raw meat juice or extract of meat, in some form, is generally clear.

According to a recent and reliable chemical analysis, the proportions essential in infants' food are as follows: Proteids, $2\frac{1}{2}$; fats, $2\frac{1}{2}$, and carbohydrates, $6\frac{1}{2}$. The standard for an adult is: Proteids, 5; fats, 3, and carbohydrates, 15. Between the first and second years there is an increase of demand for proteids and carbohydrates, which is still more definite from two to five years of age.

By the end of the thirteenth month the child is generally furnished with twelve teeth, and at or soon after two years of age most children have twenty teeth. The indications all seem to be that *dependence* upon milk, or upon foods that are liquid, ceases at about one year of age.

We believe that it is rare that chil-

dren can be kept at the breast with advantage much beyond that time, and surely not exclusively. It is a mistake to claim that children pass the second summer with greater safety when not weaned. It is true that they will do better on the mother's milk than by the substitution of an improper diet, but if the mother's milk is continued, it is rare that the child is well sustained unless it has also admixture of other foods. The demand for nitrogenous material increases. The fats are still strongly demanded. "These," says Cheadle, "are wanted for every tissue formed and forming, especially for brain and nerve cells and for the marrow cells." Fat is not produced within the body as readily as in adults, and yet is more needed than by them. So soon as the molar and canine teeth appear, the chewing process indicates readiness for some of the carbohydrates. The three additions to the material contained in the mother's milk which are most indicated are fats, sugars and starches. While there yet needs to be some caution as to the amount of starchy food, the relish which the child has for a well-cooked, mealy potato, well salted and with a little butter added, is a call of Nature. Our only hesitation in recommending it as a part of the daily bill of fare is that potatoes are so often poor and so often badly cooked.

We must not forget the amount of carbohydrates furnished in the mother's milk in the form of sugar, and therefore must substitute this lactine, or sugar of milk, by milk of kine and the purest and best forms of

pure sugar, although not in excess.

The indication for nitrogenous food is met by bread, and it is doubtful whether oatmeal, Indian meal, or any other artificial foods furnish it in a better form. Well-baked bread, not too fresh, with a little butter, and sometimes a little molasses, agrees well with most children. The crumbled crust of bread, moistened so as to be easily chewed, is especially grateful, and to some children with irritable stomachs especially valuable. From twelve to eighteen months of age, foods which have been dextrinized, *i. e.*, in which the starch has been partially changed into dextrine, then into maltose and then into grape sugar, are available. These of various forms are furnished in prepared foods, and their choice must be directed by the medical attendant. It is at this period that soft-boiled eggs form a most desirable food for children. These take the place of the animal food which is sometimes desirable, and which could be oftener recommended for this period, except that the fiber of meat is not readily comminuted.

In the case of children showing lack of vigor, advantage is often derived from the use of meat juice, for the preparation of which the following is a convenient formula: "Raw meat juice should be prepared by mincing finely the best rump steak, then adding cold water in the proportion of 1 part of water to 4 parts of meat. This should be well stirred together and allowed to soak for half an hour, cold. The juice should then be forcibly expressed through muslin

by twisting it. This process is the result of many experiments made for the purpose of ascertaining the best means of obtaining meat juice of the highest nutritive value."

Some cases of scurvy in children, or in mothers, have especially pointed out the need of vegetable juices and of the juice of raw meat; and where these cannot be had, greater reliance must be placed upon the use of good milk.

Facts Concerning Milk.

Whether, say, from twelve months, the milk, which should still form a part of the child's food, shall be that of the mother, or cow's milk, will depend much upon the complete health and convenience of the mother. Such are the risks with commercial milk that we incline much to the advice that it should always be boiled soon after being received. Now that we have reason to know that milk may convey tuberculous and other diseases, and that it is a great absorbent of organic poisons, it is all the more important that it should not be given to children in a raw state, unless the source, mode and place of keeping are well known or under personal direction.

The change in the nutritious quality of boiled milk is that the albumen rises as a scum on the surface to an amount of about one-fifth of the casein; but this deducts but little, and really brings it nearer in comparison to human milk. The advantages are that the curd approaches nearer to that of mother's milk, being made lighter and more digestible, that boiling sterilizes it, and that it is less

liable to sour. It is only slightly more constipating, and if used when the mother's milk is first replaced, will be relished by the child. If brought to a heat of 155 degrees Fahrenheit, and kept at that heat for six minutes, it is sterilized as effectually as by boiling to steam heat. It will also keep for several hours longer. It is better taken slightly warm, and, if taken cold in large quantity, should be eaten as are bread and milk. Children should be taught to sip and drink slowly, as a full draught of any fluid disturbs intestinal action.

Condensed milk of the best brands has the advantage over ordinary milk in that its casein is, like that of boiled milk, more digestible than fresh cow's milk, and that it keeps better. The chief objection in some brands is the lack in uniformity in composition and the great excess of sugar, so that children often get over-fat with its use. As a rule we much prefer fresh milk which has been boiled, or heated to 155 or 160 degrees Fahrenheit. For the second year of life the use of from a pint to a quart each day is not excessive, but much depends upon the proportion of other foods.

Care must be had that too much reliance is not placed on artificial foods. The stomach may come to enjoy, and the appetite to crave, food that is not best for the child. Likes and dislikes often become habits which are not perfect guides. Hence Cheadle, speaking of some of the usual foods of infants, writes thus: "All predigested foods infallibly debilitate and demoralize a healthy stomach, after a time, by relieving it

of work which it ought to do. They are, therefore, not fitted for permanent use, and especially as a regular food for little children whose digestive powers require to be developed and improved, not impaired." He also notes the fact that milk is an animal food, while early substitutes are all vegetable and mostly of the cereal type.

A recent article by a high authority shows the trend of certain advanced views. It claims that an "egg and meat diet with the milk should be fully established before the first year of life is passed." While we do not agree with this as a general statement for so early a period in healthy children, yet it is true that eggs and the juices of meat are indicated much earlier than is generally supposed.

Changes in Diet After the Eighteenth Month.

After eighteen months of age we have no hesitancy in recommending the use of meat for children once a day. It should be in small quantities and of tender fiber, mutton being generally preferred. The amount will much depend upon how far milk and eggs form a part of the daily allowance.

We have thus outlined the foods which we deem best for the child which has reached its full year, or in some cases fifteen months, of age with a fair degree of health, and has up to that time depended on the mother's milk, or on a liquid substitute as nearly like it as possible. As all changes should be gradual at first, other foods need to be in small quantities. We may say more definitely

that the child should still take from a pint to a quart of boiled milk each day, chiefly with its meals. Its first meal should consist of oatmeal to the amount of about one tablespoonful, well cooked, and not eaten rapidly. If for any reason this is intermitted, or if a change is needed, a soft-boiled egg with some bread and butter is a good substitute. Often the one can be allowed in the morning and the other at night, and the two are not excessive if thus taken with a long interval between. At the noon meal, bread, at least one day old, eaten with butter and some milk, will often suffice. Ripe fruit, either at morning or noon, given by the nurse with discretion, free from seeds, agrees far oftener than is supposed, and is often as good a relish for the child as it is for the adult.

After eighteen months of age a hot mealy potato, with salt and butter, is well relished at the noon meal by most children, and often is of service before that period.

The inability to deal with starchy foods does not extend far into child life, unless after one year of age the digestive system has not had a fair chance at sugar, starch and dextrine with proteids. We do not mention a wider range of diet because quantity, quality and mode of eating are at this period far more important than variety, unless variety is indicated by conditions of ill-health which bring the child within the oversight of the physician. The one thing desirable is a mother, or nurse, having good understanding as to the value and range of foods that are permissible, as to indications for drink or

food, at more frequent intervals, and as to the necessity of system.

It is very rare that a child under two years should be allowed at the family table; the temptation to variety should not be presented either to parent or child. There are, no doubt, cases of discipline where the rules of good judgment are never transgressed

by mother or father, sister, brother or friend, but such cases are too rare to do more than help establish the rule.

We shall hereafter speak definitely of the period of from two to five years of age, when both the nursing and transition period are passed, and the child with a mouth full of teeth enters upon the chewing period of life.

Nursery Problems.

Constipation in Mother and Child; Laxative Diet.

To the Editor of *BABYHOOD*:

(1.) Does constipation in the mother cause the same trouble in a breast-fed infant? Baby is three months old, and otherwise healthy.

(2.) Is the moderate use of a syringe injurious?

(3.) Can you recommend a diet which will tend to relieve this condition, or is it preferable to use a laxative medicine?

H. K.

(1.) It is a general belief that this is so, yet we are unable to assert its truth or falsity. It is true that both mother and child may be constipated. If the child is a suckling the coincidence may be cause and effect. But the same coincidence constantly occurs when children have never nursed. If in these cases there be any transmitted effect, it must have been through ante-natal influence. The truth is that the essential causes of constipation in individual instances are not evident or at least are not of a kind to be easily reached by any kind of treatment. Any physician who keeps accurate accounts of the peculiarities of the families can tell you of individual peculiarities which seem independent of ordinary conditions. For

instance, one parent is habitually constipated, the other never has a hint of it. One child is "as regular as clock work," the other barely having an evacuation without some remedy or assistance. Now the hygiene of this family is as uniform as may be. At the table they eat essentially the same food, the constipated ones eating less constipating food than the others. The cause must be in some difference of the nervous and muscular action of the bowels.

(2.) We think not.

(3.) In a young infant diet must be liquid, and essentially a milk diet. Experiment and study of the composition of the fæces of infants show that the latter contain a great amount of fat. In practice we find that one of the best, if not the best, remedies for constipation is the increase of the amount of fat (cream) in the food, until the constipation is overcome, or until the limit of the digestive power of the infant is reached.

Prunes, Senna, and Other Laxatives.

To the Editor of *BABYHOOD*:

Will you please tell what is a good diet for a little child, two years old, who

is a great sufferer from almost chronic constipation, and tell how prunes and senna can be prepared? I would be thankful for any other recipes of a like character.

W. K.

Noting what has been said just above, it will doubtless occur to you to enrich the child's milk by adding a tablespoonful, or even more if the milk be not rich, of cream to each glass of milk the child drinks. The porridges of oatmeal or wheat which are in common use probably act by their bulky refuse to relieve constipation in some degree, and their effect is much improved by the addition of cream instead of or with the milk. Bread made of whole wheat (graham or other unbolted flour) is preferable to white bread. At this season peaches are excellent. A little later good apples are obtainable; they should be always given scraped with a spoon. In the winter the juice and pulp of orange is about the only useful uncooked fruit obtainable. But various cooked fruits can be had.

There are, however, a good many vegetables admissible at this season, some of which may be had even in winter. Spinach, cauliflower, asparagus and celery are the commonest. They must be fresh, thoroughly cooked, finely cut, and the spinach should be made into a good purée, not served as "greens" in country style.

There is no standard preparation of prunes and senna. If one wishes to make one it can be easily done by making a "senna tea" from the leaves with hot water and steaming the prunes in it. But when all was done it would be a preparation inferior to the confection of senna, into which prunes enter, or the compound licorice

powder, the activity of which is chiefly due to the senna, both of which are regularly found in the pharmacies. The same drug we understand to be the active ingredient of the "Tamar Indien" and the "Syrup of Figs," both of which are well-known proprietary medicines.

Whooping Cough.

To the Editor of BABYHOOD:

(1.) Can you tell me whether it is possible to distinguish incipient whooping cough from an ordinary catarrhal cough?

(2.) Is whooping cough contagious in its early stage before the whoop is clearly manifest?

(3.) How soon after recovery may the child be allowed to play with other children?

L. T.

(1.) Not certainly. The known fact of exposure to whooping cough often puts us early upon the right track.

(2.) Probably it is. It is hard to determine as a rule the time of exposure, so that we cannot speak decidedly, but this is our own belief.

(3.) This is also uncertain. But a child should be avoided so long as it has a paroxysmal cough. To state a time, we should say, probably ten to fourteen days after the "whoop" has disappeared. Better be on the safe side.

Restlessness Probably Due to Overfeeding.

To the Editor of BABYHOOD:

Our boy of five months is healthy, weighs 20 lbs., but when put to sleep at 6 P. M. wakens from three to five times before 10 P. M. He has never had anything but his mother's milk, which he takes at 6, 10, 2 and 6 at night, and every three hours in the day time. He also awakens frequently at other times during the night for no apparent reason.

Should you advise omitting meal at 2 A. M., and why doesn't he sleep?

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We do not know of course why he does not sleep. But he is getting at least seven meals a day and is very heavy for his age, as much as the average of ten months; hence we presume that his wakefulness is due to overfeeding. He can doubtless drop the 2 A. M. meal with advantage, and possibly another.

Groundless Fears of Causing Uterine Troubles.

To the Editor of *BABYHOOD*:

Can a little girl who has not reached the age of puberty injure herself by jumping, lifting, etc., so as to cause in after life displacement of the uterus?

My sister and I have more or less uterine trouble, if only general weakness.

I want to make a strong woman of my five-year-old daughter if possible.

I have never seen this subject discussed in all my *BABYHOOD* reading, and to me it is more important than teething, etc. One physician thought my sister's trouble was caused by a fall from a high chair when she was about four or five years old. My physician strongly advocates taking a girl from school the whole year she is developing. C.

BABYHOOD does not generally concern itself with the maladies of adolescence or adult life. But we can answer your question easily. When you ask "Can a child," etc., we simply say, yes, it is possible, just as it is possible to do all sorts of improbable things, but we must add it is extremely improbable. Further, we are sure that a great deal of nonsense is all the time talked about uterine displacements and diseases, and that the best preventive of both within your reach is to allow your little daughter

all the freedom of exercise you can. Teach her how to jump (alighting upon the toes) if you know how to do so. Teach her—just as you would a boy—not to overtax her strength while she is growing, but do not force upon her attention any special reasons for care. Some children doubtless are better out of school at the time of development, but this is to avoid mental tax, nervous strain, faulty position, etc., and to get opportunity for out-of-door life and exercise, not to avoid it. When development does begin we think it wise to keep children quiet at the time of the periods (but then only), until the function is well established.

Cow's Milk Formula for a Seven-Months-Old.

To the Editor of *BABYHOOD*:

My baby is seven months old. I am obliged to begin feeding her and would be very grateful if you would tell me how to prepare cow's milk for her.

A. F. K.

If you look through your back numbers you will find other formulas of various mixtures of milk, cream and water for children, all aiming to replace or supplement mother's milk. But as your child is well on, and is seemingly doing well, we presume that she will continue to do so on such a simple mixture as this, assuming that you can get perfectly sweet milk of good quality. Set a quantity of it, say a quart, in a covered pan in a cool place or ice box for 3 hours. Dip out the upper third, which "top milk" will contain most of the cream. To this add as much water which has been boiled, and raise the whole to a

scalding point (not boiling). Put into nursing bottles, cleaned and scalded, as you have often seen mentioned in our columns. Six ounces in a bottle will be sufficient for the beginning. Give a bottle every 3 hours if you do not nurse her at all. Increase amount and strength gradually as is needed.

Condensed Replies.

T. F. R., Utica, N. Y.—To tell you what is the matter with a baby we have not seen, and whose only described ailments are poor nutrition and evident discomfort, with a great deal of wakefulness and crying, is not easy. But these things we do note: his jaundice lasted much longer than the type which is so common in the first weeks of life, and it is probable that he did have ultimately, if not at first, some of the catarrhal stomach and intestinal disturbances which cause the jaundice of later life. If this be so it is probable that his discomforts and his failure to grow are due to this same cause or its sequels.

It is probable that he ought to have real medical care, but with the non-committal advice you got in your previous attempt you are naturally discouraged. Is there no one else to whom you can appeal? One thing we note as not advantageous—viz.: the frequent change of food. The child is not yet six months old. Since weaning, *i. e.*, within about five months, he has had (including the three trials of one kind) at least six kinds of food. The one you mention as now agreeing would better be persisted in until you can find some ad-

viser who will really take Baby's case in hand.

H. R. S., Baltimore.—We have seen cases where a slight rise of temperature persisted for a time, in which no evident cause was present, except the disorders of dentition. But we should not consider this a normal dentition. Further, there are some alleged causes, among which are "teething" and "malaria," which are quite too indefinite and far too easily invoked to be admissible. There seems to be no reason why the use of Mellin's Food should be discontinued. There is no apparent connection between the food and the condition described by you.

B. L., Kansas City, Mo.—In the first place it seems true that your little girl has a pretty generous and varied diet for one of four years, without considering her illness. The only side on which the dietary is short is that of vegetables and fruits, which she seems unable to digest, and the lack of which probably is the main cause of her constipation. This constipation existing, however, you were obliged to relieve it, and the remedies you have made use of are among the most common. Our own preference is for the enema. The two proprietary remedies we use with caution, watching effects. They are permissible occasionally, but we are reluctant to use habitually medicine containing potent drugs without knowing the exact amount.

As to the various proprietary articles of diet you mention, we can only say this: the test is experience. *A priori* one would say that the flatulence would be less with the

less starchy foods, and this is the theoretical advantage of the foods claiming to have relatively less starch. But you say that rice, which is more than three-fourths starch, is the only cereal which never disagrees.

"Junket" is simply the same as the "rennet custard," or "slip custard," made by curdling milk with fresh rennet, "liquid rennet," or any of the pepsin preparations and slightly sweetening and flavoring it.

It is not easy to tell you the nature of a condition which we cannot see, and which you very imperfectly describe, but as your physician who has seen it, expresses a definite opinion, which is a reasonable one, we see no reason to doubt its correctness.

Whether the cough is in any way related to the tonsillar condition does not appear.

The cooking of milk is sometimes undesirable, but we have no evidence that it at its worst causes rickets—provided it is good milk. If you simply scald the milk you need not fear.

F. D., Chicago, Ill.—If you look through your back numbers you will find other formulas of various mixtures of milk, cream and water for children, all aiming to replace or supplement mother's milk. But as your child is well on, and is seemingly doing well, we presume that she will continue to do so on such a simple mixture as this, assuming that you can get perfectly sweet milk of good quality. Set a quantity of it, say a quart, in a covered pan in a cool place or ice box for 3 hours. Dip out the upper third, which "top milk" will

contain most of the cream. To this add as much water which has been boiled, and raise the whole to a scalding point (not boiling). Put into nursing bottles, cleaned and scalded, as you have often seen mentioned in our columns. Six ounces in a bottle will be sufficient for the beginning. Give a bottle every 3 hours if you do not nurse her at all. Increase amount and strength gradually as it is needed.

D. T., Evansville, Ind.—The child is large enough surely. His weight and the tendency to bronchitis lead us to wonder if he is not rather fat than solid, but this you do not say. He takes a small volume of food—36 ounces—but as it is undiluted milk it is probably enough. Are you sure that you need keep up such a constant use of the expectorant? Our own notion would be that it would be better to treat the tendency to bronchitis by attention to digestion and keep some expectorant, such as syrup of ipecac, one of the very best, for emergencies.

A. D., Somerville, Mass.—We do not think that the addition of sugar of milk to the undiluted milk would be an advantage. As to the retention of milk in the stomach, it does not appear what quantity of milk came up, and it may be that it was but a small proportion of that taken. Further, it may be that this retention was exceptional, owing to the condition which called for the ipecac.

F. D., Lockport, N. Y.—Good food and everything which tends to establish his health helps to arrest this decay. Judicious care of the teeth by a dentist is also a great help, in that

it will preserve these teeth in condition to properly prepare his food until the new set comes. Everything that you can do to keep him in good health now will help to assure the health of the second set of teeth.

F. W., Savannah, Ga.—Up to six weeks of age a child is generally fed about once in two and one-half hours, thereafter for a good many months, perhaps until the end of the first year, every three hours by day and less often by night, making six meals in the twenty-four until six months of age, and then diminishing one meal. The meals of course increase in quantity gradually.

O., Neenah, Wis.—The breakfast at 2½ should be generally milk, porridge of oatmeal or wheat, bread and butter, and perhaps some cooked fruit, such as stewed prunes, peaches or apricots from which all tough parts are removed (best done by rubbing through a colander or similar utensil), baked apple, freed from core and skin, or the juice and well cleaned pulp of an orange. These fruits are best adapted to constipated children.

R. S., Hartford, Conn.—It is quite probable that the opinion that has been given you is correct, namely, that the child is scrofulous, and that she has had, and still has, bronchitis. The rearing of such a child entails much patient care upon the mother, but in the end it is usually successful. Cod liver oil is not the only remedy, but is perhaps more important than any other one. Besides, it would appear that she should have some remedy to stimulate the appetite and to relieve the cause of its fitfulness, which prob-

ably is a disorder of the stomach. The paleness suggests that she needs iron also. We do not, however, think it desirable for you to try to pick out the appropriate medicines yourself. It would be better worth while for you to ask your physician about these points.

C. G. H., Port Huron, Mich.—Your child does not want "good broth" (which would be less nutritious than milk in any case if made by any domestic process) nor should we let him have the yolk of an egg before he was a year and a half old, unless some reason for doing so appeared. Your child's great weight, good health and forward teething are evidences that he has had plenty to eat, not that he needs more.

P. T., New Brunswick, N. J.—It is one of the stock phrases that some people are fond of repeating, that oatmeal is "too heating." If this phrase has any particular meaning, it is this, that some persons, particularly in summer, do not easily digest oatmeal, as evidenced by flatulence, by constipation in some cases, or by a tendency to skin eruptions. If these or any other symptoms which your physician thinks may be fairly attributed to the oatmeal occur, it would be proper to stop or diminish the oatmeal ration. But you say that it does agree with her digestion, and mention no other symptoms. So we are left to conclude that your friends have no other ground for their suggestion than the desire to appear wise by giving irresponsible advice.

F. M., Richmond, Va.—A sound ripe apple properly baked is a delicacy which is not equalled in point of digestibility by any other article in the

entire dietary, passing as it does from the stomach into the bowels perfectly digested and prepared for assimilation in just one hour and a half. Thus it is not only a splendid food, possessing nourishing elements, but is in addition a gentle stimulant to the entire alimentary canal.

F. L., Rochester, N. Y.—A popular but mistaken name for hives is "nettle rash." If you should strike your bare skin with the common nettle that grows by the wayside, and you doubtless have done so quite involuntarily at some time, you would immediately experience a stinging sensation in the part struck. Your attention having been thus drawn to the part, you would notice a number of hard, whitish, little or big lumps, in a patch of red skin. To the stinging sensation one of itching would succeed. In a few hours at the furthest all disturbance would cease and the skin return to its usual condition. This is true nettle rash, and is due to some undetermined liquid poison contained in the sting of the nettle.

R., Putnam, Conn.—We believe that after a bath of 90° the child could as safely go out in an hour as at any time—supposing it fit weather to go out at all. If she is sponged in water at 50° we believe that she could go out as soon as dressed, with the same presumption as to weather.

L. A., Auburn, N. Y.—The condition of the health of the mother is a grave consideration in deciding how long she may nurse her child, or whether it is desirable for her to nurse it at all. Besides definite diseases, a state of health short of actual sickness

may unfit the mother for nursing—notably the condition of pregnancy forbids suckling, because it violates in both ways the rule above given; it injures both mother and child, by putting upon the former an unwarrantable drain, and for physiological reasons usually gives the child a milk of impaired quality. Besides, the coming infant does not receive the full benefit of the nutrition which it ought to have.

A., Des Moines, Iowa.—While we thoroughly disapprove of the restrictive diet plan you followed in pregnancy, we cannot tell whether that or some other cause—his illness last summer, or his early artificial feeding for instance—is responsible for the delayed teething. He should have about five meals in twenty-four hours, and until he has teeth it is wisest to keep him on liquid food, of which good milk with plenty of cream should be the basis. He would better be thoroughly weaned as soon as you find this possible. He has already been on the breast full long. As we do not know just how rich milk you are getting we cannot be sure of the proportion of cream and milk you will need; but the following suggestion is made on the supposition that you have hand-skimmed cream of average quality, with say, 15 per cent. of fat in it:

Milk, 4 tablespoonfuls; cream, 8 tablespoonfuls; boiling water, enough to make a pint; sugar, preferably milk sugar, about three-quarters of an ounce. After it is mixed add 2 tablespoonfuls of lime water.

Half of the quantity would be an ordinary meal, but if your child is an eager eater he may take more. The whole quantity may be prepared at

once, or only half, as you find convenient. Any druggist will make you a sample package to guide you in getting three-quarters of an ounce of milk sugar.

R. E., Quincy, Ill.—When a child is in the very earliest stage of a cold, the first thing that suggests itself is to warm him as soon as possible. This is best done (though not always convenient or necessary) by undressing him and putting him to bed, with hot bottles to his feet, hot mustard foot-bath and hot drinks. The advantage of putting to bed, if even for a few hours, is that the whole body can thus be kept at the same temperature, and the circulation through the skin and great inward organs which has been disturbed may equalize itself again. Letting the child lie around on lounges or play on the draughty floors will not secure this end. The returning warmth of the skin, the appearance of a slight, warm perspiration, and the increasing comfort of the child will prove that bed was needed. If the feet have been wetted they should be bathed and rubbed with a soft towel till they glow. It is often true that "out of bed, nothing will cure; in bed, the simplest things will cure."

A. H., Pottsville, Pa.—Although we find in a recent medical dictionary the following definition of nervousness, "excessive excitability of the nervous system, especially as manifested by a proneness to mental excitement and over-sensitiveness to sensory impressions; the condition sometimes borders on hysteria or insanity," yet we think we are justified in saying that the word is rather a popular than a

medical one. It is not much used by medical men when speaking with precision, other and more exact terms being used to describe various manifestations of this instability of the nervous system. When used in the general sense quoted above its application is wide, reaching all the way from the high-strung person who is really susceptible, ordinarily well, self-controlled but capable of superb exertion on need, to the common fidgety person, the pest of his associates. The former would perhaps be called by the physician a neurotic subject, the latter very probably an hysterical one. So you see we cannot give you categorically the answer you desire.

F., Minot, N. Dak.—False croup is, generally a trivial ailment, but may be serious if the spasm of the larynx be not controlled. In spite of its ordinarily benign character, it probably causes more parental anxiety than any other single infantile disease, since the symptoms, although usually transient, are alarming, and do, in reality, closely resemble those of the grave and often fatal diseases, croup and diphtheria. For the sake of their own peace of mind, it is, therefore, desirable that mothers, nurses and attendants remember a few diagnostic points concerning the access and the course of the disease. False croup, if dependent upon laryngeal inflammation, may be preceded, for a few days, by a slight throat cough and by moderate fever. Whether these symptoms have preceded the spasmodic attack or not, nothing alarming ordinarily occurs until at night, generally not far from twelve o'clock, when the patient suddenly awakens with a loud, ringing,

hoarse and sonorous cough. The voice is husky or is reduced to a whisper; the breathing is whistling or harsh; the face flushed and anxious, and the surface often hot and dry. These symptoms usually promptly subside under simple treatment, and the suddenness of their onset, together with the fact that they are not preceded by any serious ailment, should suffice to prevent them from exciting undue apprehension.

L. F., Sioux City, Iowa.—We cannot help you as much as we would like. Your child is light in weight and rather slow in teething, and seems to present the signs of weakness and imperfect nutrition, rather than of a definite disease. This and the constipation raise the question if she gets enough fat in her milk. Nor can we from your description feel sure whether by cramps you mean a colic or a convulsive attack.

R. R., Lincoln, Neb.—We have sometimes met with a belief that whooping cough has some dependence upon or is modified by vaccination. Thus we have had our attention called to cases in which, as our correspondent believed, the course of whooping cough was mitigated and shortened by the application of vaccination, the child having up to that time been unvaccinated. Now, there is nothing improbable in the notion that one disease may be modified by another inter-current one, but in the individual cases nothing was proven beyond the fact that one case of whooping cough was milder than another, which is usually true whether or not treatment of any kind is employed. Jen-

ner himself did entertain the belief that such a mitigating effect would be found to exist, but somewhat extended trials have been made with negative results, as the experimenters believed. Oddly enough, we have heard precisely the opposite belief brought out by anti-vaccinationists, namely, an unvaccinated child could not have whooping cough. The falsity of this claim need not be pointed out.

L. R., Albany, Ga.—We can only answer you in a general way: The results of an attack beginning with what you call "only a cold" are often so far-reaching that it is well to know that in most instances it is an entirely preventable danger. We are none of us, infants or adults, equally strong at all points. There are surely weak spots somewhere, and there is nothing like exposure to cold to find them out. It is for this reason that colds affect different people at different points of the organism and in unequal degrees. The cold that causes a pneumonia in one may mean rheumatism in a second or merely an attack of snuffles in a third. The weakest part will be the one first to yield. To prevent a cold, we must wear proper clothing—clothing that evenly protects the body from loss of heat; for over-heating is quite as objectionable as insufficiency. We should keep the feet and legs warm, and the head dry and cool. The wearing of warm and heavy garments of fur or cloth, when variable degrees of heat or cold are to be encountered, is a fruitful source of cold. This is shown in the use of garments that are only adapted to the crisp and zero

weather of the street for calling, shopping, etc., where the temperature of one's surroundings is constantly being changed.

P. S., Toronto, Ont.—We are not familiar with your climate as to variability, which often counts for more than does steady cold. But we think the upper part of the body is sufficiently clothed, while you make no mention of the clothing of the lower limbs. If he wears napkins he should have woolen stockings up to them. If not, he should have drawers like his wool shirt, and stockings. And if he walks or stands on the floor he should have shoes. His cold hands are very likely due to a general condition, rather than to local chilling.

F. W., Mansfield, O.—Yes. Keep his garments dry by using plenty of diapers and frequent changing. A rubber diaper is a nasty and, in our opinion, dangerous contrivance.

B. D., Cambridge, Mass.—The best bed is a flat, smooth one of the best hair. The pillow should be rather thin; it may be of hair or of down (fine feathers). Most people, we think, prefer feather pillows (as they once did feather beds), but to our mind the object of a pillow is to render a definite support to the head. This is never gotten from anything like a feather pillow, which is thick in one place at one moment and in another at the next moment. Therefore, we prefer a thin, firm but not hard support of fine hair. But we presume that many will prefer the feathers.

F. A., Princeton, N. J.—These prepared foods sometimes need more

cooking than one would suppose from the label—why, we don't know—probably because cooks, as well as tastes, differ. For children see that any food is well cooked. We cannot tell you which will best agree with your child; all are liked by some children. All, we think, are wholesome and you can make experiments as to his taste. At his age meats are usually not desirable; a bone to gnaw, an occasional fresh egg and broths, will be enough during warm weather.

L. V., Brooklyn, N. Y.—A rough rule of increase is that a child at five months should weigh double its birth weight. This would make your child weigh twelve pounds instead of his actual ten pounds. The deficit is not ground for alarm, but it is ground for inquiry into the cause of the shortage. Two inquiries are at once suggested. First, is your own milk still of good quality? Second, is the modification of the milk which you are giving just right for his needs? Your physician, or the managers of the laboratory where you get your "Modified Milk," can give you an approximate analysis of your own milk and tell you whether it is still good for Baby. This will also throw light upon the second question.

G. F., Milford, N. H.—The theoretical graham flour is unbolted and contains the bran. Practically, if we mistake not, this is not entirely true. Graham bread as sold in the shops seems to be made of something like half graham and half white flour. Assuming, however, that you have a real unbolted wheat flour—and we ought first to premise as regards all we here

say that the child has its first molars, or chewing teeth—the differences would be about as follows: The wheat bread would be a trifle the more digestible if both were equally well made and equally stale—*i. e.*, not fresh. The graham would be the more nutritious if digested. The graham would also be rather more laxative, especially if it be made, as is usual, with the addition of a little molasses. Much would depend upon individual digestive ability. If graham bread were given its effect should be noted.

W. F., Providence, R. I.—From the description we are not entirely sure whether the trouble with the child is a case of distention of the foreskin by urine ("ballooning," as it is sometimes called), or a turgidity and erection of the whole organ. The latter is the more probable. In the first case circumcision would be demanded, in the latter case it might be, but not so certainly. Our advice is that you consult the best surgeon you can, one who is familiar with the sources of irritation which may arise in the bladder as well as in the external parts and may cause these symptoms. Hunt also for seat worms and any other intestinal irritants, in order that you may have as much information as possible to put at the disposal of the surgeon you consult.

R., Utica, N. Y.—Your child takes, at three months of age, in 24 hours, eight meals of six ounces each—a total of 48 ounces (half milk). The usual standard amount for a child of her age is six meals of three to four ounces each, or 18 to 24 ounces per

24 hours. As compared with average breast milk the food you are giving is probably short of fat and full strong in albuminoids. You certainly have no need to increase the quantity for some time to come, as the child is already getting more than most children of her age or considerably older can digest.

The Benefits of Cod-Liver Oil.

During the variable fall and winter months every child is subjected to changes of temperature that are likely to produce severe colds. As fall is one of the most trying seasons, it may be of benefit to some mother to know of one of the conditions under which the use of cod-liver oil is to be recommended.

My boy of four caught cold twice, owing to sudden changes. The first time the trouble was met and conquered with difficulty, with the usual remedies to which he had been accustomed. When the second cold appeared shortly after, I began the use of cod-liver oil emulsion containing hypophosphites of lime and soda, realizing that the little fellow was growing rapidly, and that it could do him no harm, as it really is a food for most children from four to seven. By the third day, with simple local treatment on his chest, and a plentiful supply of appetizing food, his cough was loose, and he recovered rapidly from what threatened to be a serious illness. Since that time I have never been unprepared, and at the slightest approach of a cold, and even when changeable weather is the rule. I give him about two teaspoonfuls a day in three doses, adding a little milk to each dose, and

I find it makes him wonderfully resistant. The simplicity of the treatment is what pleases me most, as it is so much easier to give a child that which it learns to like than to be obliged to force it to take nauseous mixtures. Prof. Fonssagrives says that he does not remember to have seen a single child whose opposition to cod-liver oil it was impossible to overcome. Although my own taste will not subscribe to the pleasure of taking it, my four-year-old does not agree with me, as he reminds me in gleeful accents three times a day that it is "time to take my 'coddly,'" as he calls it.—*H.*

There seem to be several laces greatly in demand for this season's lunch sets, and they each make a distinctive decoration for any table. Cluny is always popular and good. The patterns have not changed greatly, except where a basket weave is used or an appliqué inserted. We believe the first gives a torchon effect to the pattern, and it is doubtful if the latter improves real Cluny. A touch of the Byzantine is seen on some Cluny doilies, but it seems like mixing two patterns, either of which is beautiful in itself. Byzantine has not the heavy appearance of Cluny, but it launders well if care is taken to iron on the reverse side, using a flannel sheet or a piece of Turkish toweling. Its dainty appearance makes it in great demand, although it is a trifle more expensive than Cluny.

It is impossible to describe the beauty of the flat Venetian lace sets, and every housekeeper who can afford it should possess some of this choice work. The lace is entirely made by hand. The band that forms the lace is itself lace made in Italy by such clever fingers that our own

countrywomen declare it must be braid, so fine and closely is it woven. There is said to be a 60 per cent. duty on this beautiful work, making it out of reach of the modest purse. One's own monogram is made or woven in the lace in any piece one may select. The designs are often made in this country, but the labor is from Italy.

Beautiful lunch cloths have flat Venetian insertion, with circular flounce and monogramed centerpiece. Napkins to match, with monograms, range from \$50 up. The monograms are not placed in the corner, but in the middle of the napkin, about an inch above the hem.

Russian linen lunch sets or separate center pieces are very popular for country use, but the pieces mostly come in square shape, making it not as good for round table service. This linen is hand woven in Russia, and is extremely reasonable, eighty-five cents

A Dimple Maker

Find a child with dimples and chubby arms and legs and you find a healthy child. Find one with drawn face and poor, thin body and you see one that needs

Scott's Emulsion

Your doctor will tell you so. Nothing helps these thin, pale children like **Scott's Emulsion**. It contains the very element of fat they need. It supplies them with a perfect and quickly digested nourishment. It brings dimples and rounded limbs.

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for a medium-sized centerpiece, and plate doilies coming at seventy-five cents apiece. There is a band of drawn work inside the hem, which gives the heavy linen a lighter appearance.

When hot weather arrives we appreciate a good fish market as at no other time of the year, and there seems no meat more palatable for July and August menus. Cod, sea bass, smelts, fluke, whitefish, perch, scallops, halibut and bluefish all have their special place for table use. Lobster and crabs are eaten at all seasons, but are at their best from April until September. Soft shelled crabs are subject to the same sale as oysters. Fluke is good all the year, but most abundant in summer, and scallops, whenever they can be obtained. All frozen fish loses its flavor, and therefore fish is not so desirable in winter. Salmon is very popular in summer, as it makes the most delicious salad, and is at its best from February until September. In choosing lobsters remember that the best are the heaviest, if there is no water

in them, and if fresh the tail will pull smart like a spring.

Although the fish markets usually deliver fish already cleaned, nevertheless, they should be carefully washed and examined to see that they have been properly cleaned, and to insure perfect flavor and color. Remember that the water for boiling fish should be well seasoned with salt, while some cooks also add spice, bay leaves, allspice, or a slice of lemon and an onion. Vinegar added to the water helps to retain the nutriment, and gives firmness to the fish. Trout are best rolled in equal parts of flour and corn meal and then fried in butter. Do not cook fish one moment longer than necessary, as it spoils both flavor and appearance. On the other hand, it should be cooked through. When fish is first put in water to boil it will sink, and does not rise until done. Another way of telling if fish is done is when the skin rises and the bones separate easily from the flesh. When boiling salmon place it in tepid salt water to set the rich color, but do not use too much salt, for it requires less than any other fish.



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For garnishing fish use parsley, sliced beets, lemon, hard-boiled eggs. With fresh fish serve squash, green peas or parsnips, and with salt fish beets, carrots or turnips are considered best.

A Bride's Traveling Costume.

A traveling costume in process of construction for a certain bride consists of a navy shantung dress and a cloak of English worsted, reversible blue, with an almost invisible diagonal plaid. The skirt is in seven gores, each one with an untrimmed box plait down the center. Above a four-inch hem three bands are applied in festoon design. With this original skirt there is an attractive bodice with a peasant vest of finely tucked mouseline crossed, or rather laced across, with narrow bias bands of the shantung. The sleeves are three-quarter length, formed of the dress material tucked and in the new Marguerite design. Cloths are preferred to silk for smartly tailored, and the skirt fashioned in such a manner that it may

be worn with different waists. One of the newest skirts for this purpose has a panel front and the rest is side plaited, and in the form of a double skirt, the plaits of the top portion turning toward the front, those of the lower, away from it. Both are stitched one-half inch from the edge. Another skirt, one that is especially attractive in the chiffon weight broad-cloths, is cut in three sections. There is a seam down the back, and the side-back breadths fasten over the wide front breadth with the edge notched at the hips and finished with machine stitching. The front is draped slightly between the notched sides and the top, but hangs smoothly from there.

The First Symptoms of Migraine.

Dr. J. J. Coldwell, of Baltimore, Md., in "Medical Progress" writes as follows: "The treatment of migraine, to be correct, must be adjusted on the basis of the element of causation. Constipation, if present, should be treated by a proper dietary and regular habits, but purgatives should be avoided. Only mild laxatives should be employed, and they should be abandoned when diet regulates the bowels, as proper diet will do. During the premonitory stage we can generally abort or rather prevent the development of an attack by the administration of two antikamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then, all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour or an hour. This means is a most effectual one to abort an attack, and when the attack is developed, antikamnia tablets will relieve the pain usually in about forty minutes."



Some day he may be President,
 And then it's understood,
 He will admit what made him fit
 Was Mellin's —
Mellin's Food.



You're looking splendid Baby,
 You're sound and round and spry,
 If you could talk, why may be
 You'd tell the reason why:
Mellin's Food.



Here's a Mellin smile,
 Here's a Mellin mood,
 Glad and strong the whole day long,
 Glad of —
Mellin's Food.



Here's a Mellin's youngster,
 All with health aglow;
 Plump and round, and firm and sound,
 And here's what made him so:
Mellin's Food.

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I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
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I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

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St. Paul, Minn.

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I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
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I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

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I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

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Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

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Hot Water Used.

One of the best specialists who has worked for years on the subject of cleansing the face gives it as her opinion that it should be bathed twice a day, night and morning, in soft, hot water. This should be done summer and winter. Neither soap nor its equivalent should be used in the morning, as there is no chance for the face to become soiled when one has been sleeping.

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The cleaning process should be carefully attended to at night, more especially when one is dressing for dinner or supper. The face has been exposed to dust during the day, and it is of utmost importance that this coating should be removed in the evening.

English gathering tape is very useful for curtains, and saves time and trouble. Run the tape on the curtain

at the desired distance from the top, and pull the string to make fulness. When the curtains are to be laundered release the strings and draw the curtains out to their full width.

Raw tomato is a simple and effective way of removing fruit or vegetable stains from the hands. It answers the same purpose as lemon, and in season is much cheaper.

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

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The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

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Swelling of Tissues.

Irritating Crusts.

The Danger of Neglecting Catarrh.

Stoppage of the Nasal Passages.

Polypi and "Spurs."

Loss of Smell and Taste.

Headaches.

Asthma and Other Unpleasant Symptoms.

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Atomizers.

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If you feel that the face is quite soiled and dusty and there is no benzoin at hand use toilet water instead. Sprinkle any good cologne into a basin of water and rinse the face with it.

The trouble about using cologne is that it is so aromatic that one gets fond of it and uses too much of it. Anything with alcohol in it has a tendency to dry and shrivel the skin, robbing it of natural oil, which results in wrinkles.

The action of the benzoin or the cologne is to close the pores of the skin after they have been opened by the hot water. If one goes into the air thick with dust before having closed the pores they take in twice the amount of impurities as when they are of usual size.

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soap and water, and leaves a more refreshing after effect.

If one is going out in the air after using it, an astringent should be put on the face. There are many excellent lotions sold for this purpose. The end of a fresh towel or the hands alone may be used for bathing the face in this lotion, which should be aromatic when good.

One of the best and simplest cleansing agents when one does not feel able to always use cold cream is almond meal. In some parts of the country nothing is considered better than plain cornmeal. Bowls of it are found on the washstands of careful women, and it is used both to soften the water and to cleanse the face. It is also said to soften the skin.

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If your white veil is very much soiled it will not be a difficult matter to bring it back to its original newness. Make a strong lather of white soap, and simmer the veil in it for about a quarter of an hour.

Rinse it in cold water carefully with a little liquid bluing. You can also add perfume to this water. Pass the veil through a thin gum arabic water, or water in which rice has been boiled, and clear it by shaking. Pin evenly on a linen cloth. When dry lay be-

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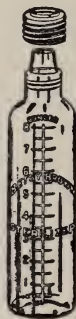
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tween a piece of thin muslin and iron on wrong side.

To wash your black veil, pass it through hot water in which a small quantity of ox gall has been mixed, together with some perfume. Squeeze, but do not rub it. Rinse in cold water, putting bluing in the last rinse.

Stiffen by dipping in a very thin glue water, made by pouring water on glue. Squeeze and shake out, and dry and iron on the wrong side, the same as the white veil.

Clearing the Sink Pipe.

To clear the pipe from kitchen sink without a plumber's bill, get a short piece of old garden hose, just long enough to reach from the hot-water faucet to opening in bottom of the sink; insert one end of the hose into outlet of sink and slip the other end over faucet; hold it in place and turn on hot water. The heat and water pressure will quickly force greasy substance or other obstacles through, leaving the pipe open and clean.

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Acute Sore Throat in Children.

This is a broad subject and necessarily demands subdivision, but writers on diseases of the throat have subdivided so thoroughly that one not familiar with the subject is soon lost in bewilderment at the numerous varieties of this very common disorder. We shall endeavor to simplify the matter as much as possible, and before proceeding further would remark that the peculiar forms of sore throat accompanying measles, scarlatina and other acute diseases will not be considered, nor will diphtheria be included in this article.

Sore Throat.

Acute simple sore throat (termed in the books *angina*) is nothing more than a simple inflammation of the mucous membrane of the fauces. It is usually caused by wet feet, exposure to cold draughts, etc. In severe cases, it begins with a chill; but this is often wanting. The child seems feverish and fretful; has little or no appetite; loses interest in his playthings, and perhaps complains of feeling chilly or cold, which, however, does not terminate in a chill or rigor.

The throat feels raw, swollen and painful, and children often describe the sensation well by saying, "It feels as if an apple had stuck in my throat." This feeling of constriction is caused by the swelling. In the first stage there is usually little or no cough; but later, when the inflammation has extended into the larynx, the cough becomes very harassing. Upon inspection of the throat by means of a tongue depressor or a spoon, we find the parts are of a bright red color; the uvula (palate) is long and swollen, and by dropping on the tongue keeps up a constant irritation which provokes a reflex cough and a constant desire to swallow. The tongue is coated, the breath is foul, the appetite poor, the bowels usually constipated, and the urine high-colored and scanty. The duration of this affection is usually of a few days only, when the swelling and inflammation subside and the normal condition of the parts becomes re-established. If, however, the larynx is affected to any extent, the cough may persist for several days longer.

Treatment.

The majority of these cases would doubtless recover with no treatment whatever, but fortunately we are able to hasten their progress, and, what is still better, to relieve our little patients of much suffering and make them far more comfortable. In all cases where the child is very sick it should be put to bed and allowed only a light diet, such as soups, milk custard, rice, eggs, gruel, etc. The first indication in all cases is to open the bowels freely. This does not necessarily mean castor oil, however, as many mothers suppose. Calomel in $\frac{1}{8}$ -grain or $\frac{1}{4}$ -grain tablets every hour will be found to be an admirable remedy for this purpose. Five or six tablets will frequently cause a thorough evacuation of the bowels, and this medicine is believed to exert a favorable effect on the disease beyond its mere cathartic action. It is particularly adapted to disorders of children on account of its absolute tastelessness. There are several other remedies, however, that may be substituted for calomel if thought desirable. The compound liquorice powder, syrup of rhubarb with magnesia, the citrate of magnesia, or Rochelle salts, are all equally efficacious, if not quite so agreeable.

For the relief of the fever there is nothing to be compared to small and frequently repeated doses of the tincture of aconite root. From one-fourth to one-half drop in a teaspoonful of water, given at first every fifteen minutes, and later every half hour or hour, will very quickly reduce the fever and at the same time increase the action of the skin, thereby

giving decided relief to the little patient. In connection with the aconite, paregoric may be given, in doses proportionate to the age, in all cases where there is pain or uneasiness consequent upon the swelling present. It is specially indicated if there is a cough, no matter how slight, as this is a direct source of irritation to the already inflamed throat.

Locally, various gargles may be used if the child is old enough. Many times a very young child can be taught, by using plain water at first. Astringents are often prescribed, especially if the uvula is relaxed or "down," but most children dislike the taste of remedies of this character so much that it is frequently impossible to get them to use them a second time. The peroxide of hydrogen, however, is particularly valuable in these cases, as it has no taste, does not burn or smart the sensitive throat, and is harmless if swallowed. Equal parts of the peroxide, glycerine and water make an excellent mixture for this purpose. As to the use of cold compresses—enveloping the neck in cloths wrung out of cold water—we simply say don't use them. There may be occasions where the judicious use of cold under the direction of a careful, competent physician may be advisable, but as a routine domestic treatment it should be condemned *in toto*. To most young children it is extremely repulsive, causing no little nervous excitement, not to say shock, when it is suddenly applied, and as it is entirely unnecessary it is simply cruel to insist upon its use with young and sensitive children. External applications are useful, however, and

one of the best is camphorated oil, plain or with equal parts of oil of turpentine, previously warmed by placing the bottle in a basin of hot water. This should be gently rubbed on the throat as hot as can be borne several times a day, and the throat afterward covered with a piece of flannel.

Tonsilitis.

Tonsilitis means inflammation of the tonsils; the popular name for it is quinsy. Acute tonsilitis presents itself under three forms or varieties: 1, superficial; 2, follicular; 3, parenchymatous, which signifies that the inflammation is seated in the substance of the gland. Acute tonsilitis terminates in one of three ways; by resolution, suppuration, or chronic enlargement. Resolution (by which is meant a gradual subsidence of the inflammation) is the most natural and desirable termination, and is the one usually observed. Chronic enlargement is, unfortunately, a very common sequel, while suppuration in young children is extremely rare.

Tonsilitis is very rare in infancy. In childhood, youth, and especially at the age of puberty, it is very frequent. Sex appears to exert little or no influence. Boys, possibly on account of greater exposure, are thought by some to suffer more often than girls. Temperament appears to exert a marked influence. It is a matter of common observation that some families never pass through a winter without one or more outbreaks of sore throat, while others seem to possess absolute immunity from this particular trouble. It is unquestionably hereditary. Pale, lymphatic children are the ones most apt to suffer, and

whenever the strumous or scrofulous constitution is present, the slightest accidental causes are sufficient to develop an attack. Inherited gout and rheumatism are believed to be powerful predisposing causes, and frequent recurrences of tonsilitis have been noted where the effect of the rheumatic constitution seemed to be apparent. One attack seems to predispose to others; at least one attack is almost always followed by others. Enlarged tonsils (or hypertrophy of the tonsils, as this condition is technically termed) is perhaps the most important predisposing cause, and children thus affected are extremely susceptible, the slightest disturbance of the stomach or bowels, or any undue exposure to cold, high winds, or dampness being sufficient to develop an attack. The exciting causes are practically the same as in simple acute sore throat.

Varieties.

Acute Superficial Tonsilitis.—This, as the name implies, is an inflammation of the outside covering of the tonsil. The swelling or enlargement is due to the congestion and thickness of the mucous membrane covering the tonsil. Cases vary greatly, both as to the mode of invasion and severity. As a rule the younger the child the greater will be the constitutional symptoms, as manifested by fever, prostration, etc. In mild cases the only symptoms noticeable are slight feverishness, partial loss of appetite and general malaise, and not until an inspection of the throat has been made are we apt to suspect the true nature of the trouble—if this be the first attack. In severe cases all the symp-

toms are more pronounced. If old enough, the child frequently complains of headache, nausea and chilly sensations, which are soon followed by high fever, with more or less pain in the throat, especially in attempting to swallow. The so-called bilious condition is sometimes well marked and is apparently the chief exciting cause, since treatment directed to the relief of this condition is usually followed by decided improvement of the throat symptoms in a short time. When there is much swelling of the tonsils, the voice assumes a characteristic nasal intonation. There is more or less cough, which adds to the general distress and uneasiness. Thirst, loss of appetite, and lassitude, are also present. The breath is foul, the tongue coated, and the bowels constipated. The urine is scanty and high-colored, and deposits a sediment on cooling. The breathing is accelerated and the pulse is rapid, ranging from 120 to 150 per minute. The temperature rises rapidly, and may reach 102 or 108 degrees Fahrenheit in a few hours. The throat appears red, raw and swollen, especially the tonsils; we usually notice, also, redness and swelling of the uvula and soft palate. At first the throat appears dry and glistening, but it is soon covered by a grayish film or exudation, which lies here and there and is slightly adherent.

Acute Follicular Tonsilitis.—This is the variety so often called "ulcerated sore throat" by the laity and by some physicians. The small white patches erroneously termed ulcerations are not true ulcers, but are the hardened secretions of the follicles

pressed out by the swelling of the organs. They are characteristic of this form of sore throat, and once seen are never forgotten. In follicular tonsilitis the constitutional symptoms are often severe, and are almost identical with those given above in the description of simple tonsilitis. The fever is generally higher, the temperature sometimes reaching 104 or 105 degrees Fahrenheit. Fortunately, the prognosis is always good, usually in four or five days the fever subsides, and the other symptoms gradually disappear.

Parenchymatous tonsilitis means acute inflammation of the substance of the tonsil. This is the affection commonly known as *quinsy*, in which the tonsil is said, in common parlance, to "gather and break." In other words, suppuration takes place, and an abscess results. It is not a common disease of childhood, for, as stated above, the rule is for a case of this kind to tend towards resolution. One or both tonsils may be attacked. Much the same general symptoms occur as in the simple form previously described, only more pronounced. The sense of constriction in the throat is greater; so is the difficulty in swallowing, and liquids are apt to return through the nose. The voice is thick and has a peculiar guttural sound; sometimes it is reduced to a mere whisper. It is also painful for the patient to talk. Sometimes the tonsils are so much swollen that the passage seems to be completely obliterated. On account of the swelling around the lower jaw it is frequently impossible to get the mouth open wide enough to make a

thorough examination, and at such times we are obliged to introduce the finger and rely on the sense of touch. Owing to the pain caused by swallowing, the patient, child or adult, involuntarily holds his head forward and allows the thick, tenacious mucus to drool out of his mouth as fast as it gathers there; it also seems easier for him to breathe in this position. This peculiar position, with the mucus drooling from the mouth, and the thick, guttural speech, are often sufficient to enable one to say at once what the trouble is. In addition to these symptoms, painful sensations in the ears are apt to occur, the neck is moved with great difficulty, and the breath is terribly offensive. Whenever suppuration intervenes it is accompanied by lancinating pains, and the formation of an abscess is preceded by well-marked repeated rigors. It is very unusual for more than one tonsil to suppurate, and it is said that both never do at the same time. Most of these cases get well; still, it does occasionally happen that death takes place from suffocation. We witnessed one such case in a girl twelve years of age.

Diagnosis.

It is not, as a rule, difficult to distinguish the different forms of acute tonsillitis from each other if we bear in mind the onset, the symptoms and the appearances previously described. Acute follicular tonsillitis, however, is sometimes mistaken for diphtheria; nor is the distinction always plain. In follicular tonsillitis the deposit is in the tonsils alone—starts there and stays there, and furthermore bears

some resemblance to ulcerations. In other words, the membrane in tonsillitis is limited to the tonsils themselves, whereas in diphtheria it is extremely rare not to see patches at the same time on the uvula and the soft palate. The color of the membrane is also different; in tonsillitis it is white or yellowish or creamy white, while in diphtheria it is a dirty or grayish white. Further, the false membrane in diphtheria lies closely and is deeply adherent to the mucus membrane below; it is so intimately connected with it that when forcibly removed it leaves a raw and bleeding surface beneath. We see none of this in tonsillitis; here the cheesy patches can be easily removed with a probe, or even with a brush, and no ulceration is found beneath. The symptoms are also different; tonsillitis begins abruptly, often with a chill, and high fever soon follows. In diphtheria the attack commences gradually, and the fever at first is moderate.

Treatment.

The treatment of superficial and follicular tonsillitis is practically the same as that previously advised for acute simple sore throat. All that was there said as to the value of purgatives applies with equal or even greater force here. The uses of aconite for the fever and paregoric for the pain and irritation of the throat are equally satisfactory in these cases, and are, in fact, the best treatment that can be given. Tincture of the chloride of iron is considered by some practitioners as almost a specific for acute follicular tonsillitis given in doses of four drops in a

teaspoonful of pure glycerine every two hours. It is claimed that it lessens the duration of the disease and exerts a beneficial effect by its local action. The local treatment by means of gargles and external applications differs in no respect from that already described for the treatment of simple sore throat.

Parenchymatous tonsilitis requires the same treatment for the constitutional symptoms as the first two varieties, and, in addition, the use of large warm poultices of linseed meal so soon as suppuration threatens. In the great majority of cases the abscess

ruptures and discharges itself spontaneously. As soon as the contents are evacuated, the patient is greatly relieved. Convalescence may be delayed for a week or more as a result of extreme weakness, and in these cases tonics and stimulants are required. It is a wise measure of precaution, in all cases where it is possible to do so, to separate the patient from other children in the same house. If a mild and simple case, it is easy to return to the original apartments, and no one would regret the trouble should it prove to be diphtheria.

A Troublesome Habit.

Inability to control the bladder is a not uncommon trouble of childhood. It is most frequent in children between the ages of four and nine, but is often present up to the age of puberty. The older the child the more sensitive it is about such a matter, and children at school who are troubled with this incontinence are so ashamed and brood so deeply over it as to be in danger of some mental trouble. Sometimes their feelings are so worked upon that they will refuse to go to school or associate with their playmates because of it. On the other hand, the knowledge of their sensitiveness to ridicule, if used in a judicious manner by the proper guardians, may be one of the best means of treatment, and, where the incontinence is due solely to a mental condition, may produce a cure. This is only in case the child is of age and under-

standing to appreciate the condition and the reasons for such treatment.

Most of these cases of incontinence have a cause which can be determined by careful examination, questioning and close observation. In order to cure a child this cause must first be found and treated. If incontinence has existed for a long time, the trouble may not cease immediately, even after the cause has been found and removed, and considerable patience must be exercised for a longer or shorter time.

There are cases where time alone seems to be the only cure, so that it may comfort many a mother's mind to know that after the most careful scrutiny has failed to find out why her little girl or boy has this trouble, and the most persistent care has failed to relieve it, it will suddenly stop. The age of puberty seems to be a dividing line beyond which incontinence usually

does not go. A great many causes of this irritability of the bladder could be found out and relief afforded by the mother or nurse if she had some definite idea of what to look for.

In order to understand the relations of the urine and bladder to this trouble a short description of the bladder may be given as follows: The human bladder is a globular-shaped organ, resembling a bag, consisting of muscle and other fibres, with the opening of the bag downward, where it joins the outlet pipe called the urethra. This muscle by contracting diminishes the capacity of the bladder, thus forcing the urine out. At the neck of the bladder, where it empties into the urethra, is another muscle surrounding the neck and forming part of it. This muscle when acting has the opposite effect. It keeps the bladder by its contraction closed, allowing no urine to escape. The nerves controlling these two muscles play a very important part in the act of urination. Irritation of the nerve which presides over the big muscle may cause it to keep up more or less continuous contraction of the bladder, thus leaving it with little or no capacity, so that as fast as the urine enters the bladder from the kidneys, there being no room in the bladder for it, it must at once escape into the water pipe and out. On the other hand, a paralysis of the nerve governing the muscle of the neck will allow this muscle to relax, and, the mouth of the bladder being left open, water dribbles away more or less constantly. If this muscular paralysis is partial only, the result can easily be appreciated. The muscle holds till the pressure becomes more

than it can withstand and then it gives way and urine escapes, the intervals between the flows depending on the strength of the muscle and the amount of water accumulated.

Sometimes a change in the composition of the urine itself will render it so irritating that the bladder resents its presence and expels it almost or quite without warning. This irritating condition of the urine, owing to some dietetic or other cause, may be more or less constant, thus keeping up a continual incontinence. There is, perhaps, more in what is called "habit" than doctors like to admit. It is easy to conceive that a bladder which has been accustomed to expelling its contents involuntarily for months or even years because of irritating urine may continue to do so for some time after the real fault has been corrected.

Seat-worms or pin-worms may be cause enough for the most troublesome incontinence in a young child; they are easily removed by frequent injections of salt water. These worms may be found in the vagina after removal of all trace of them from the rectum, and these also may act as a cause of incontinence. Any inflammation of the anus or surrounding parts may be a cause, and medical advice should be sought at once. Inflammation of the bladder itself, or of the water-pipe, or disease or growths or foreign bodies in the bladder or urethra, must be thought of by the mother, if the child complains of pain or difficulty in urination, has blood in the urine, or urinates too frequently. If there is any doubt about this, it is better to take the patient to a com-

petent surgeon and have the doubt settled.

Another common cause is any deformity of the privates. Some of these deformities begin to act as causes only as the child nears puberty.

Aside from these local causes are those due to some constitutional or general condition. So grave a disease as epilepsy has for one of its earliest symptoms an intractable incontinence. This is, however, quite rare. Children said to be subject to scrofula or tuberculosis are supposed to be liable to bladder irritability. We cannot, from our experience, say that this is so. Rickets has the same general reputation, which again seems to me unwarranted. Children who breathe with the mouth are more or less subject to this trouble, and, for this, skilful treatment of the condition of the throat and nose is the best preventive.

Where there is some disease of the blood or the kidneys, and more urine is secreted than the bladder can hold for the proper length of time, of course there will be frequency of urination and of desire to urinate which may be more than the child can resist, and a more or less involuntary loss of water consequently results.

Where there is some disease of the nerves controlling the bladder there may be incontinence. An instance of this is in Pott's disease, an inflammation and destruction of the bones of the spinal column. The disease of the bones may cause pressure upon these bladder nerves and thus obstruct their action, or irritate and thus increase their action, either having the same result, disturbance of proper activity of the bladder muscles.

Then there is a group of children with this trouble who have flabby, poorly nourished and inactive muscles, the bladder muscles being as poor as the rest. If these little ones are at school, the little blood that they have, poor as it is, is driven to nourish the brain in order to increase the mental activity that they may outstrip their rivals. The poor blood is rendered poorer and the weak and badly nourished muscles weaker. Less nourishment is afforded them in order that the brain may be pushed ahead. In such children the escape of urine may occur while sitting at their desks, at recitation, or in the excitement of the play hours. This is a great mortification—the more so because their course of life has made them hypersensitive—depressing their minds, and increasing the trouble.

Treatment of such cases requires great judgment. There is no use in expecting permanent relief without an entire change in their habits. Turn their minds from books and marks and prizes, build up their blood and stimulate the muscles, letting the brain rest is the general rule which must be followed.

Girls from eight to twelve are the most intractable cases, and with them books and lessons must be prohibited absolutely, while out-door exercise judiciously begun takes their place. Details of this plan should be left to the family doctor. Stimulation to the skin and muscles by means of sea-bathing, alcohol, sponge baths, friction of the skin with a coarse towel or a brush, massage, change of climate and scene, may be necessary in many cases. Alternately hot and cold

douches daily to the spinal column will be of great service, especially in "neurotic" children. It may be advisable to employ certain drugs which have a direct effect upon the bladder muscles, such as belladonna, strychnine and ergot. If so, these are, of course, only to be taken by advice and under the care of a physician.

It may be necessary, before a cure can be brought about, to examine the bladder, and possibly to treat it and the urethra. This is to be done by a skilled

physician and only with the utmost care. Tumors, growths of any kind, or foreign bodies, must be removed by operation, and deformities corrected in the same way. And it must always be remembered that many of these cases, after the most careful examination has failed to find the origin of the trouble, will get well under similar care of the body and rest of the brain, together with a change of climate or scene and the help of time.

The Evils of Indiscriminate Drug-Giving in Infants and Children.

Most nurseries possess a medical chest or closet, for use in the trifling ailments to which all children are from time to time liable, and no harm comes from this home-medication if it is done judiciously and wisely, and if no dangerous drugs are given. It is to the indiscriminate and often reckless administration of medicines on the appearance of the slightest indisposition, or what is often imagined to be such, particularly the giving of purgatives, and the still more dangerous preparations containing opium, that this article refers.

It is fortunately true that there has been a great improvement in this matter over the days of our fathers, when, as the spring approached, every good housewife put her children through a course of sulphur and treacle, to work off the bad humors that had accumulated during the winter, and when the slightest indisposition was met with a

dose of castor oil, or the still more nauseating pink root was given for real or supposed worms. Parents are more likely now to consult a physician when their babies are out of sorts, or have learned that most of the minor ills get well of themselves if left alone. Yet the practice of giving medicines on the slightest occasion is still too common, and much harm is often done thereby, dose after dose being given, until a real disorder is produced where, perhaps, only a slight indisposition was present; or the physician is called upon to treat a disease which has been wholly induced by drug-giving. Still worse than this, the practice is often continued when the child is under professional care; the natural anxiety of the mother being increased by the anxiety and sympathy of well-meaning friends, who always have instances to relate of similar cases in other children where this or that remedy has

been of great value, until she is persuaded and importuned into trying a remedy without the doctor's knowledge, and to the discomforts and dangers of the illness are added those of incompatible medicines or too much drug-giving.

Strange as it may seem, it is not only among the poor and ignorant that this practice prevails, but also among parents of refinement and wealth, either through actual ignorance or because of their confidence in ignorant and incompetent nurses. "Instead of looking on the animal economy as an organism constituted to work well under certain conditions, and having, in virtue of that constitution, a tendency to rectify temporary disorders if the requisite conditions of restorative action be fulfilled, they seem to regard it as a machine acting upon no fixed principles, and requiring now and then to be driven by some foreign impulse in the shape of medicine."

It must be understood that the writer does not insist there shall be no domestic medication. On the contrary, he recognizes fully the many occasions that constantly occur in which a judicious use of medicines by an intelligent nurse or mother may ward off a serious illness, or the slight indisposition which may be readily rectified by proper medicines or more often by rest and diet alone, without the intervention of medical aid. But he does protest against the reckless and haphazard use of drugs by lay people, particularly in the case of children, who cannot speak for themselves, and it is his purpose in this paper to point out the drugs most commonly used in the nur-

sery, and the dangers that may result from their abuse.

Laxative Medicines.

No medicines are perhaps more abused than those belonging to this class. Whether it is the innocent-looking, but often injurious, powders of calomel, or the dose of castor oil or rhubarb, they are the sovereign remedies for every ill of the little ones. No knowledge is manifested as to what is the proper aperient, or even if such medicines are needed at all; mothers only know the child is indisposed, and some medicine is, in their opinion, necessary, and a purgative is, of course, given. It has come within the writer's experience recently that a purgative dose of castor oil was given after a child had swallowed a large hat pin, the very worst thing that could have been done. In this case no harm resulted, but the most disastrous consequences might have followed in thus hurrying through the intestines this sharp-pointed instrument, and cases are on record in which the continuous administration of large doses of purgatives, in cases of diarrhoea, has resulted in death. The constant use of rhubarb for the relief of chronic constipation is injurious, because after its first laxative action, it has a secondary confining effect, thus increasing the very evil from which the child is suffering. Castor oil and magnesia, so commonly used for the same purpose, are also unsuitable drugs, because their dose requires to be gradually increased, as the bowel becomes less sensitive to their action; they are only indicated in acute disease, when it is simply desired to empty the bowel of its contents. It must never be forgot-

ten that dietetic and hygienic measures rank far above drugs for the relief of this condition. and in most cases are sufficient for its cure.

It is a popular belief, founded on common sense, that purgative medicines are of value in diarrhœa, and so they are at the commencement of the attack, for the purpose of carrying off any offending material that may be the cause or one of the causes of the disease; but it has happened that a mother has continuously dosed a child with castor oil, because of greenish stools or pain, when the symptoms have been due to the medicine itself. If a diarrhœa is not relieved by a single dose of a laxative, it is unsafe to continue the medicine further. But calomel is of all the medicines of this class the one whose abuse is the most injurious. Yet there are families who keep this drug constantly on hand, and, whenever the child's tongue is slightly coated, or the white of its eye seems a little yellow, immediately "touch up" the liver (which in nine cases out of ten has nothing to do with the condition) with a calomel powder. It should be remembered that this medicine is a preparation of mercury, which, in sufficient doses, is a poison, and a drug to which some persons are particularly susceptible: and, although children are not very prone to its deleterious influences, yet numerous cases have occurred in which they have been salivated by small doses. Again, its use in the so-called bilious conditions, though productive of great good, is said to increase the tendency to this state if employed too often. It has also the property of producing greenish stools, and ignorance of this fact

has often resulted in its repeated administration to relieve the very condition it has itself caused. Its long continuance, even if it does not salivate, will often bring about a debilitated state of the system, which is recovered from with difficulty. It is a drug, therefore, whose use requires the experience of a skilled physician, and it is most decidedly not an eligible medicine for the nursery medicine closet.

The Alkalies.

Soda, particularly in the form of soda mint, or the equally familiar baking soda, are much used in the nursery for relief of nausea, flatulence and sick headache. The parents never reflect that the proper method of relieving these conditions is by dieting, particularly by the avoidance of the starchy and sweet foods, and that alkalies are only to be used as palliatives, their long continued use weakening the digestive powers, and producing a depraved condition of the blood and consequent debility.

Opiates.

The preparations, however, the indiscriminate and unintelligent use of which in the nursery is most reprehensible, are those of opium. Not only does obstinate constipation, loss of appetite and impaired health follow their prolonged use, but single doses have frequently caused convulsions and even death. Children are peculiarly susceptible to the influence of this drug, and the susceptibility increases with the youth of the child. In addition, there is no drug whose action is so irregular in children, a dose which would be harmless in one producing alarming symptoms in another. A case has been reported in

which a child of nine months was killed in four hours with four drops of laudanum; and another in which an infant of six months succumbed to two drops; and still another in which one drop proved fatal to a babe one day old. Paregoric has been given with fatal effects. Dr. Wood cites a case where a baby of four months was killed by a few drops. Dover's powder, although not often used in the nursery, has also produced death. Dr. Ramisch of Prague reports a case of a child of four months who was nearly killed by one grain, equivalent to about forty-eight drops of paregoric. These facts make the cautious physician extremely careful when he administers opiates to infants and children. How dangerous, therefore, for unprofessional persons to make use of them in relieving the ailments of childhood!

If opiates are continuously given for a long time to relieve pain or produce sleep, as sometimes happens when children are left entirely in the care of unprincipled nurses, a low state of the system may be brought about; the face becomes pale, the eyes sunken and heavy, and the expression stupid; with this there is obstinate constipation and failing appetite. But opium is often used in domestic practice, while the mother is entirely unconscious of the poison she is administering to her babe, although she wonders at its stupidity, its nervousness, or its constipation, never imagining it is the soothing syrup or other popular medicine that is the cause of the mischief. Such remedies should have no place in a well-regulated nursery, and their sale ought to be prohibited by law.

Emetics.

Emetics, particularly ipecacuanha and hive syrup, are in common use in the nursery, and there is no doubt their use in the hands of an experienced mother will often avert what would have been an attack of croup, or quickly terminate one that has already commenced. But the practice of continuously giving emetics in severe bronchitis, in croup and in whooping cough, is a bad one, often aggravating the disease itself, or rendering the patient so weak that he readily sinks, should the attack be prolonged or become severe in character. These medicines should only be used when active symptoms of suffocation are present, and should be repeated with great caution.

External Medicines.

In reference to the external use of drugs it is hardly necessary to say that a blister should never be used on a young child, except under medical direction. Mustard plasters need caution in their use; the writer has seen them produce blisters and even ulceration from too prolonged an application to the tender skin of a young baby. In children, mustard plasters should be diluted with from four to six parts of flour, and as soon as the surface becomes red they should be removed. A few years ago the writer was called to the bedside of a little sufferer (its mother the intelligent wife of a journeyman tailor), the whole front of whose chest was one immense blister—the result of an application of coal oil, which had been recommended by a neighbor for the relief of a severe cough. Still another

method of external medication to be condemned is the dropping of oil, warm milk, laudanum and soap suds into a child's ear for the relief of earache or to cure a discharge. Dr. Turnbull says: "We strenuously object to the use of drops of any kind, or water dropped and syringed into the ear" for these conditions. Death has occurred from this method of using laudanum and "fluids so used macerate the parts and prevent the subsequent healing process." Nothing larger than one's thumb should ever go into a child's ear, and pain is best relieved by the hot salt bag or the hot water bag. Cotton should never be placed in a running ear; it prevents the escape of the discharge, and often converts a harmless inflammation into a dangerous one. Running ears always require the services of an aurist.

Allied with the above subject is the practice of attempting to treat sore eyes of the new born with warm milk, tea, etc. In the first place, every case of sore eyes in the new born should receive the immediate attention of the

physician, as we do not know but that it may be the commencement of the dread ophthalmia, that terrible disease that fills our blind asylums; and, if anything is done by the mother or nurse, let nothing but pure water be used, never milk, which is fermentable, and which would increase the trouble.

In concluding these remarks, the writer cannot refrain from repeating what was hinted at in the beginning, viz., that parents should remember that the majority of the slight ailments of childhood have, in common with other diseases, a tendency to self-cure, and if they avoid drug-giving, or give only the simple and more harmless remedies, and lessen the amount and quality of the child's food for twenty-four hours, at the same time keeping him in the room or in bed, he will in many cases speedily recover his usual health. Above all, they should avoid temporizing with drugs, and, in the event of the failure of the simpler remedies, should send for a competent medical adviser at once.



Milk and Its Adaption to the Infant Organization.

The questions must often offer themselves to the mother's mind, of what the natural food for babyhood consists, how it is prepared, and how the different constituents build up and develop the young and tender organization.

We find adults eating five different varieties of food: (1) albuminoids, which are taken largely in meats; (2) fats; (3) sugars or starches; (4) water, and (5) salts. Not only this, but we find likewise another requisite, namely, there must be taste or flavor. If, for example, we mix together all the proper constituents of our daily food, as mentioned above, but without flavor, a man impelled by his fear of starvation, after two or three days, will eat the concoction, but he cannot permanently maintain his life in this way, as the stomach rebels at such treatment. If a similar mess be set before a dog, he will starve with the dish under his nose.

Man needs these foods just as the steam engine needs its fuel: and he needs the flavors, just as the engine needs its lubricating oil. The flavors, like the oil, furnish in themselves no power to the animal machine, but in many ways they make the whole machine run easily. We may consider the body to be made up of engines—small, microscopic cells, each requiring food. All the actions of man are the result of the activity of these

minute cells. These little cells require a mixed fuel, hence, the blood, taking nourishment from the stomach and intestines, carries to the cells (1) albuminoids; (2) fats; (3) sugars; (4) water, and (5) salts. In the engine the noxious products go up the smokestack; in ourselves the blood not only carries the fuel to cells, but it carries away the waste products and is afterwards cleansed of its poisonous gases by the lungs, and of its soluble products by the kidneys.

Now, what are the conditions for nourishing the baby's delicate organization? We have a difference in degree, not in kind. We have in the milk the same varieties of food, only the form in which it is taken is adapted to the baby's organization. We find in milk, (1) an albuminoid called casein; (2) milk sugar; (3) fat; (4) water; (5) salts, and likewise a sweetish taste which makes the milk palatable. The sugar and a certain amount of albumen and fat must always be burned in the cells in the presence of water and salts. Any *excess* of albumen and fat goes to form flesh and fatty tissue, and this excess is provided in the large quantity of the milk. The baby gets for its weight far more food than the adult; and, furthermore, as the baby grows older the quantity of the mother's milk increases for a time. Hence, there is an ever-present ex-

cess of food upon which the small organization grows and flourishes.

We must not forget the importance of the salts of the milk, the calcium salts which build up the bones, and the iron which adds to the powers of the blood.

The mother's milk is the ideal food for babyhood. Later in life the constituents are no longer in proper proportion, and the more developed organization takes its food in other forms. The difference between mother's milk and cow's milk is very great in its effect on the young child, and herein lies the greatest difference; the casein of cow's milk coagulates or curdles in great clumps in the baby's stomach, making a very indigestible mass; on the contrary, the casein in the mother's milk separates out in fine, delicate flakes, which are easily attacked by the digestive juices. Hence the moral obligation of nursing one's own child when possible.

We have seen that the casein in the milk is taken up by the blood, and an excess forms muscle; the fat in like manner may deposit itself as fatty tissue. The milk sugar is, in all probability, more easily combustible than the ordinary sugars and starches; hence its advantage in the natural food for the infant organization.

We come now to the consideration of the question how the milk is produced. Evidently it cannot be a mere filtration from the blood, for its composition differs entirely from that of the blood. It is, however, the

product of the activity of the minute cells in the glands of the breast. These are fed by the blood, and, in turn, manufacture the milk. We can easily see that the greater the number of these cells and the greater their activity, so the greater the production of milk in the breast. In order to produce new cells and greater activity in the glands, and consequently a larger amount of milk, a rich albuminoid (meat) diet is required. Even from meat alone (as in the dog) the organization has the power of manufacturing the casein, sugar and fat found in the milk. If we double the amount of fat in the food, no increase of fat is observed in the milk. If we give twice the amount of sugar to the mother, the quantity in the milk does not change. If, however, a hearty meat diet be enjoyed, there is bodily development, the cells in the breast are well nourished, and there is always a maximum supply of milk.

We find in the human species a daily production of about 1 quart or liter of milk for the first few months of the baby's life; later, the amount becomes 1 1-2 to 2 quarts. In 1 liter of 1,000 grams there are about 109 grams of solids on evaporation. A man requires 670 grams of such solids. The growing infant, therefore, requires proportionally more than an adult. The cow gives a large quantity of milk, which increases with the age of the calf; still, the quality is not greater than in the human female when we consider the relative size.

Nursery Problems.

A Defective Dietary; Arrowroot.

To the Editor of BABYHOOD:

Please criticise or approve the method I have adopted in the feeding of my baby.

He is between seventeen and eighteen months old, weighs $21\frac{3}{4}$ pounds and measures 30 inches. His meals are three and a half hours apart. When he wakes, he is fed a good-sized slice of bought Graham bread—bought because lighter than any cook can make—with thirteen tablespoonfuls of milk. I let a quart of Jersey cow's milk stand four hours, then use the top pint. This is brought to the boiling point in a custard-kettle kept for the purpose; to it is added one-half a coffee cupful of barley water and one-half a teacupful of limewater. It is then bottled and kept in the ice-box, each meal being warmed as needed. His next meal is generally in the neighborhood of 11 o'clock, when he is fed another slice of Graham bread and a medium-sized cup of mutton or chicken broth. His first afternoon meal varies. Sometimes I give him half a slice of Graham bread, seven tablespoonfuls of milk and two tablespoonfuls of rice pudding, taking out the raisins, or two tablespoonfuls of arrowroot and the juice of an orange, omitting the milk. The next meal comes at from 5:30 to 6:30, when he is given the usual quantity of milk and half the usual quantity of bread. He is fed nothing until next forenoon. As he is very pale, my doctor advises one teaspoonful of bovine in each portion or feeding of milk, and when he was troubled with constipation—he is not now—my physician recommended the use of dry malt instead of sugar for sweetening the milk.

(1) Shall I continue the malt or sugar, or give the milk without any sweetening?

(2) Now that the weather is cool shall I continue bringing the milk to the boiling point?

(3) As this is my first baby I am very inexperienced, and shall be much indebted

if you will point out the errors in the quantity of food, frequency of feeding or foods chosen. I want to add that I am deeply indebted to your magazine for its wisdom and practical helpfulness to me as a young mother very anxious for the physical welfare of her child.

(4) If you approve of arrowroot please give your recipe for preparing it. P.

(1) We note that the child takes in a day only a pint of top milk mixed with about four ounces of barley water and about three ounces of lime-water—scant a pint and a half in the mixture. Besides, he has a cup of broth, three and a half slices of Graham bread and rice pudding or arrowroot. Now, the amount of milk given is small—half or less the average quantity. The amount of bread and cereals is a good deal above the average for his age. We do not know what teeth he has and have no clew to tell us if he digests well this amount of starchy food. Nor beyond the statement that he is very pale and that he was formerly constipated, do we know anything about his state of health. Knowing nothing of the reasons why he is given so little milk we can only say that an average child would do better on more milk and less bread and pudding, or if there were reasons for not giving milk he should have more broth or scraped meat. Bovine will do in place of broth.

(2) It may be sterilized at a lower point—say, 165 degrees to 170 degrees F.

(3) Is answered under No. 1.

(4) Arrowroot is, or rather was,

chiefly used as a bland farinaceous food for infants or invalids. We do not think it has, for ordinary cases, any special advantages.

"Water on the Brain."

To the Editor of BABYHOOD:

A friend to whom I lent my last copy of BABYHOOD has asked me to inquire through your magazine about the following subjects:

- (1) What causes water on the brain in little babies?
- (2) What symptoms show to the mother that her child has such a disease?
- (3) What remedies should be used and what things should be especially guarded against?
- (4) Do children ever entirely recover from such a trouble?

A SUBSCRIBER.

(1) "Water on the brain" is a popular, not a scientific phrase. It means an unnatural collection of liquid within the skull. The name therefore is made to apply to several disorders which to the physician are distinct. Ordinarily it applies to the acute or chronic type of *hydrocephalus*. The former is usually the synonym for tubercular meningitis, the cause being the deposit of tubercule on the membranes of the brain. The chronic form depends upon several causes, some known, some in dispute.

(2) The symptoms of the acute form are not such ordinarily as to draw a mother's attention to the real cause. They simulate those of many other disorders, and disorders are sometimes mistaken for it. Indeed the name "false hydrocephalus" has been applied to head symptoms occurring in debilitating disorders, such as exhausting types of diarrhoea. It is probable that the symptoms of this

kind of "water on the brain" are more likely to be mistaken for malarial fever than for anything else. The chronic form probably would not very much attract the attention of a non-medical person until the size of the head was noticeably increased.

(3) The treatment is entirely outside of domestic medicine.

(4) From the acute, tubercular form it is doubtful if any recover. A few observers, competent to judge between the real disease and its imitations, have thought that they have seen cases survive, but with such crippled mental functions or nervous systems as to make their success regrettable. As a rule the disease is fatal. From the chronic type some cases recover, even without mental impairment.

Trimming Finger and Toe Nails; Persistent Fasting; Tendency to Colds.

To the Editor of BABYHOOD:

(1) Please inform a most appreciative mother of the proper way of trimming finger and toe nails. Should they be cut straight across or rounded, and why? My little two-year-old boy seems to be getting ingrowing nails on the big toe.

(2) My little boy of two years and four months has the last six weeks taken to fasting. As an example, by dint of persistent persuasion he was induced to take a saucer of oatmeal about 4 P. M., which constituted his only meal for twenty-four hours. He rises at 6:30 A. M., refuses breakfast, but enjoys a saucer of orange juice at about 10, or possibly a small cup of milk; plays about, but does not seem to get hungry. He seems hearty, but is unusually susceptible to taking cold. Several weeks ago he was quite ill with what our physician termed gastritis, but although recovered, still has no inclination to take food. Can you explain the difficulty? I

might add also that dainties do not tempt him.

(3) Can you give me any hints as to the curing of colds? Both children—one an eight-months-old baby—take cold so easily.

MINISTER'S WIFE.

(1) Cut across. If the corners are taken off, the tendency to ingrowing of the nail is greater, the flesh being then more easily pressed up over the nail.

(2) His fasting is probably wise and due to an instinctive recognition of his stomach disorder, which calls for rest of that organ or to the want of appetite which often attends such ailments. Doubtless your physician knew what he was talking about when he said the child had gastritis. Probably it was of the variety known as catarrhal.

(3) "An ounce of prevention is worth a pound of cure." The tendency to take a cold easily and to keep it as long as possible when taken are one and the same constitutional peculiarity. But by good hygiene as to food, dress, and especially not too high temperature of air and baths, besides every other detail that keeps up good health, a good deal can be done. The prevention of undue perspiration by over-heating of rooms or by over-exercise is especially desirable and if the children be heated by chance, their chilling must be especially avoided. If their stomachs will bear it, the use of cod-liver oil all winter will probably benefit them and save you a good deal of trouble.

Facilitating Lactation.

To the Editor of BABYHOOD:

The only serious trouble I had when my first baby came was an insufficient supply

of milk. I am exceedingly anxious to nurse No. 2 who is expected within a month. No. 1 is two and half years old; I am quite well and have an excellent appetite, though somewhat troubled with indigestion. Can you suggest any mode of life or diet, any food, drink or medicine which will have a tendency to increase the supply of milk? I should be very grateful for help, for I consider "mother's milk" the *sine qua non* of babyhood.

SUBSCRIBER.

There is no especial, that is to say, no restricted diet in which we have faith. Generous, nutritious food, ample but not excessive in amount, yields the best results. Nitrogenous food yields the richest milk, *i. e.* richest in fat. If one has a good appetite and good digestion the question of diet is quite simple. But many nursing mothers seem unable to take enough food, especially enough flesh for the requirements of the case. Eggs give a considerable amount of nitrogenous nutriment, which can be taken with little labor. The general use of milk is due to its high nutritive value, its usual easy digestibility, and to the fact that its watery components swell the bulk of the milk secreted. Such things as cocoa owe their value to the milk used in their preparation and to the fat they contain. Alcoholic preparations, beer, wine, etc., are, in our judgment, chiefly, is not entirely, valuable from their stimulation of the appetite and sometimes of the digestion. For this purpose they are admissible, but they in no wise take the place of food.

Winter Garments.

To the Editor of BABYHOOD:

I have been very anxious to know how to dress my one-year-old son for the winter.

Will you kindly tell me how or where I may obtain such information.

J. H. N.

First, a warm shirt, as large as can be used, to allow for shrinking; two flannel skirts, one to button to a cotton waist and one with flannel sleeveless waist; long woolen stockings, gartered to the waist, and a thin dress.

If drawers are worn they should button to the waist and take the place of one flannel skirt. The drawers should be flannel or some woolen material, with or without thin cotton drawers over them.

If warmer dresses than the ordinary white dresses are used there will be no need of the flannel waist to the underskirt. The shoes need not be heavy, for the baby will probably ride in his carriage, but feet and legs can hardly be wrapped too warmly for riding.

A warm cloak which is loose enough for an extra jacket inside is most convenient. Many pretty caps come for boys, and the little close bonnets are pretty for all babies. With mittens and plenty of carriage wraps and a veil for the windy days, he will be well provided.

Constipation.

To the Editor of *BABYHOOD*:

I have two daughters—almost exactly two years apart. For the first year of the elder one's life I gave her an injection almost daily, and now the younger one is requiring the same treatment. Can you advise me in the matter? Our physician seems to think that patience and perseverance in this course are the only essentials. If so, must I give the injection daily?

I nursed the older one about fifteen months. The first eleven months she had

no other food. She is now regular in her habits, but I feel that possibly she might have been a stronger child if she could have been established earlier.

With this exception both are remarkably strong, healthy, happy children. My own health is perfect.

C. E. B.

We somewhat prefer, for constant use, suppositories to enemata. But the daily injection can be used without harm. Of course, it is understood that regularity of the bowels is to be sought for as soon as possible by suitable diet. But for some time, until practically solid food is admissible and can be properly digested, the tendency to constipation is likely to persist. If, then, such forms of proper liquid food as are laxative do not prove efficient, the daily evacuation must be gained by massage, by suppository, or by the enema.

Appetite for Sand.

To the Editor of *BABYHOOD*:

I want to appeal to you for help, in regard to my baby. I have taken *BABYHOOD* most of the time for two years, and have found it invaluable in the care of a baby. Little Louise is two and a half years old, seemingly healthy, excepting occasional attacks of indigestion; has been fed on milk diet, with oatmeal, baked potato, etc., just as you have recommended, changed according to age, etc. She has a peculiar passion for eating sand or dirt. In fact it is a mania with her. Her physician thought it might be a symptom of worms, but after giving *santonin* and *calomel*, several times, found it made no difference. Do you know of such a case, and can you suggest any help for it?

G.

Such cases are not uncommon; they occur often enough to have received various scientific names, the commonest being *geophagia*. In some countries, and especially among the colored

ances, it is a very common habit. Occasionally the eating of some kinds of earth, especially of those containing lime, may be interpreted as an instinctive attempt to supply a want. Ordinarily it is supposed to be an evidence of a digestive derangement or irritation. The presence of worms may be a source of such irritation. Great care as to diet is required. As seen in medical practice the habit is associated with disordered health, but among those races where it is common it seems to be consistent with robust health, and travelers report their men in some instances to have subsisted apparently entirely upon earth.

Lactation; Diet; Flannel Night Drawers; Kindergarten.

To the Editor of BABYHOOD:

(1) How can a woman with weak digestive power increase the quantity of liquid food during pregnancy, to aid in making milk?

(2) What should be the diet, during the winter, of a child three years old?

(3) Is meat necessary once every day; if not what can be substituted for the hearty meal?

(4) Can he have any cake for a treat; or any home-canned fruit, peaches, pears, etc.? What constitutes the difference between "plain" and "rich" cake; is it the quantity of butter, eggs, or sugar? What would be allowable for dessert?

(5) Are three meals a day enough? He seldom asks for anything between the meals and will eat or drink very little if offered to him, unless it is sweet crackers. Does he need the crackers, or eat them because he likes the taste?

(6) Some physicians object to the flannel night-drawers for children, thinking they do not give ventilation enough. What is your opinion and what might be substituted for them?

(7) At what age should the mother commence with the kindergarten training, and what books explain the first lessons?

A SUBSCRIBER.

(1) It is not necessary to increase the quantity of liquid food during pregnancy to increase the flow of milk. It does, if assimilated, help in increasing the bulk—not necessarily in improving the quality—of the milk during lactation, and is consequently often employed during suckling. But it, whether milk, broths, cocoa, or what not, should never be carried beyond the amount that can be easily digested. Undigested food of any sort is a detriment. The removal of the cause of the digestive weakness must depend upon the peculiarities of the case, and must be the office of the personal physician.

(2) Mainly, or at least largely, milk with cereals, including bread; meat, eggs and fruit are next in importance, and some vegetables are admissible.

(3) No. An egg, or a piece of broiled or boiled fish, if fresh, will take the place of meat. Fish that has been long kept is not desirable for children, in our judgment, only a few varieties keeping well as to flavor and other essential qualities.

(4) The difference between plain and rich cake is only one of degree; they are practically meaningless terms. Better give no cake. If he has a good digestion, especially if there be a tendency to constipation, he may have some plain molasses gingerbread. The canned peaches are admissible as a dessert, the pears probably so, but they are usually a good deal tougher of texture than peaches.

(5) At three years we think that most children are rather better for a light meal about 11 A. M., supposing breakfast to be 7:30 to 8 A. M., dinner at 1 to 1:30 and supper about 5:30. He probably eats the crackers for the taste. No sweetened cracker that we ever saw was a really needful or desirable food for a child.

(6) We approve of the flannel sleeping garments. It is folly to talk of ventilating sleeping drawers, as there will be various covers, some of which are of wool, over the child in addition.

(7) The age will vary with the peculiarities of the child. Any of the kindergarten publishers will send you, on request, a list of books from which you will have no difficulty in making a selection.

Various Points of Diet.

To the Editor of BABYHOOD:

My baby will be a year old on the 11th of December. For about two months past her food has been Mellins Food for all five meals, and it has seemed to agree with her perfectly. I think you will agree with me, however, that after she is one year old it would be better to feed her on a mixture of cow's milk and oatmeal water—we have the milk in perfect condition from two healthy cows on the place. The baby has five teeth, and is a most healthy, ruddy little specimen. I have searched carefully through the numbers of your magazine in my possession and find much information on this subject, but can not find the answers to the following questions:

(1) In what proportions shall I mix the oatmeal water and milk, and shall I use any other water—if so, in what proportion?

(2) Shall I take the milk fresh from the cow, and prepare it for the day, or shall I allow the cream to rise and use that?

(3) Will the regular sterilizing process

be necessary, as we have our own cows? If not, how shall I treat the milk?

(4) Will it be best to add lime water.

(5) How soon after the baby is one year old should the amount of each feeding be increased to more than $8\frac{1}{2}$ oz.?

(6) I notice you give five as the proper number of meals a day for one year, but do not approve night feeding after 9 months. Now my baby's present meals are at 6 and 10 A. M. and at 2, 6 and 11 P. M. If I leave off the night feeding she would have only the four meals—32 oz.—too little for her age. What do you advise? And if I do not leave off the night feeding now, when should it be left off, and how would it be best to arrange the meals so as to get in the requisite amount of food?

Your valuable magazine has done much toward teaching me the necessity of watching the minutest details in the care of children, so I am sure you will gladly answer my numerous questions. F. B. S.

(1) At the beginning two-thirds milk and one-third oatmeal gruel will probably be digested. The mixture, of course, is to be given at a blood heat. After a time the oatmeal may be gradually diminished, and at a year and a half she may take pure milk.

(2) If the milk is a rich milk take it fresh; if not, let it stand for three hours.

(3) The answer will depend upon things you know more about than we do. Is the cow surely healthy, *i. e.* especially, is she free from tuberculosis? Have you personal control of the details of the cow's keeping, milking, and the care of the milk? If you can affirmatively answer these questions, you probably need not sterilize the milk. But in practice, as a rule, these questions can not be so answered, and in fact the milk is far from sterile even from one's private cow. Hence, as a rule, while fully

recognizing the disadvantages of sterilization, we recommend the sterilization at a low temperature, say 165 to 170 degrees Fahr.

(4) At first in small quantity, just enough to correct any acidity of the milk or mixture.

(5) At any time after you find that the mixture you are using is agreeing with the child. If you continue the four-hour interval you will have to begin soon.

(6) When the five-meal plan is strictly carried out, *i. e.*, excluding all evening as well as night feeding, three-hour intervals or something near it are observed. Night feeding is sometimes interpreted as meaning feeding during the usual hours of the parents' night, and the last meal is then given just before the mother retires. In practice either plan works well, but we somewhat prefer the former.

Discomforts Attending Maternity.

To the Editor of BABYHOOD:

Can any one tell me why mothers seem to dread so much the pains of confinement and say never a word about all the suffering that goes before? I have had several children, and always look forward with despair to the long months before the end; all the nausea, discomfort, faintness, and exhaustion—the general inability to do anything with ease and comfort. Do I suffer more than the majority? I live regularly and obey hygienic rules certainly as well as my acquaintances. The only neglect I am conscious of is in the matter of a daily bath. I let everything stand in the way of that. Physicians do me no good. Indeed they act as if there were no medicine but patience. Yet it must be that I can find at least some relief for nausea that is present every waking hour, day or night, and overcomes me so inconveniently as to interfere

with proper exercise. I am not dyspeptic, was brought up to sensible habits of eating, do not overeat, and yet sometimes my case has been so bad that I have had to keep to the lounge, and was too weak to do more than crawl out of doors. This time I was in excellent health, taking daily walks of several hours, and yet this same weakness and distress is upon me, despite my care. It interferes so with my duties. Is it all right? Some women are never sick at all but they can't tell why. Tight clothes are not the cause of my sickness. The only chronic trouble I am aware of is catarrh, which, though persistent, is not severe.

C.

In the first place you do evidently suffer far more than the average. The degree of pregnant discomforts varies exceedingly. Within our personal knowledge are women who are in at least as good, if not in better, general condition during pregnancy than at any other time. Some eat to a degree that calls for caution from the physician. On the other hand there are those who can hardly rise from the bed through the major portion of pregnancy, but are at other times in fair health. Between these extremes are all sorts of conditions. We have seen some oddities, such as those who during a portion, say the first half of the term, may be so ill as to demand daily medical attendance with perhaps a professional nurse, and who, after a certain period has been reached, suddenly spring into complete health and are able to do more than most women who are not pregnant. The peculiar derangements of pregnancy, being largely remote in situation from the organs immediately involved, show of course, that they are brought to pass through some nervous process. It sometimes happens that the immediate

exciting cause of the nervous irritation may be found (such as uterine derangements, displacements, etc.) and removed; more often, perhaps, they cannot be so detected or treated. The treatment then must be symptomatic. It does indeed require infinite patience, not only on the part of the sufferer, but of the attendant. The day-by-day detail is so great that many prefer not to have the physician so much in attendance, and bear the ills as best they may until their hour of relief comes. But such patient care does effect great amelioration of the sufferings of the state.

Condensed Replies.

D. R., Detroit, Mich.—Whooping cough is too often treated as a trivial matter. Not only is the patient left without treatment and with little if any more than ordinary care, but he is very commonly allowed to go about in streets, parks and public conveyances as if he were harmless to others. No greater error could well exist. In young children, whooping cough—particularly in cold weather—is often complicated with pneumonia, and through this complication becomes a serious matter. In fact, a recent English writer of position says that one-fourth of the annual death rate of children in London is due to it. It ranks only after scarlet fever and measles in English lists of mortality. The exposure of children who have this disease in the streets in unsuitable weather not only brings hazard to them, but such going about, in any weather, spreads abroad a very serious ailment which exposes other

children to similar risks. The danger of whooping cough diminishes with the age of the child, and after the beginning of what is known as "school age" is rarely fatal.

M. D., Mount Vernon, Ill.—If possible, always give a child fruit upon an empty stomach or with bread alone, and between or before meals. Fruits, as all other food, demand time for their proper digestion, and they should be permitted this if we expect their good effects.

F., Lock Haven, Pa.—"Junket" is simply the same as the "rennet custard," or "slip custard" made by curdling milk with fresh rennet, "liquid rennet," or any of the pepsin preparations and slightly sweetening and flavoring it.

M. L. S., Parkersburg, W. Va.—As to the various proprietary articles of diet you mention, we can only say this: the test is experience with each one for your particular child. *A priori* one would say that the flatulence would be less with the less starchy foods. On the whole, we should say that the safest way for you would be to continue for the present the use of Mellin's Food, as the one which has agreed best with your child.

Y., Pueblo, Col.—The asafetida is unobjectionable except from its smell. She is not too ill to have regular habits. She may need food more frequently than well children, but even so the feeding should be regular. In spite of all her discomforts she seems to thrive, and we believe that care in

diet will make her a healthy child in the future.

M. E., Somerville, Mass.—At five or six months many children sleep "all night," not meaning all the hours of darkness, but from about the hour of the mother's retiring, say ten to eleven P. M., when the child is nursed or fed, to early morning, say five or six, when, after feeding, the child may sleep again. The training is done gradually by lengthening little by little the interval between feedings. A child that is on the breast may take artificial food—milk prepared suitably, etc.—whenever the mother's supply is insufficient, or whenever for any reason the breast is taken away. If the latter is abundant, the milk is given when weaning is begun, say on the average at from ten to thirteen months of age. No solid food should be given until chewing teeth (molars) have appeared.

F. L., Chicago.—There may be a considerable variation in the periods of incubation—that is, in the time that will elapse before a person will "come down" with a disease after having been "exposed"—due in some measure to the nature of the epidemic, or to the susceptibility of the patient. In most cases the sooner the disease is developed after exposure the severer will be the type of attack. Speaking generally, the following periods of incubation hold good for the principal contagious diseases:

Scarlet Fever—12 hours to 7 days.

Measles—9 to 12 days.

Small-Pox—12 to 14 days.

Chicken-Pox—8 to 17 days.

Diphtheria—2 to 8 days.

Whooping Cough—4 to 14 days.

Mumps—8 to 22 days.

I. S., Syracuse, N. Y.—"Toeing in" is of two or three, perhaps more, varieties. There is the toeing in which is only a mild degree of club foot; this needs treatment for that malady. Again there is the in-toe often associated with bowlegs and curved shins. This again needs surgical advice, and perhaps braces. Still further, there is a variety depending upon a simple rolling in of the whole limb, the rotation occurring at the hip joint, the limbs themselves and the feet being to all appearance perfectly normal. The facts you offer do not permit us to give you an exact opinion of what should be done.

I., Santa Barbara, Cal.—There is no meaning that we can understand connected with the adjective "simple" as popularly applied to remedies. The ancient meaning of a "simple" remedy was, as nearly as may be expressed, an herb or vegetable remedy supposed to have a "simple" or specific curative power over some disease or upon some organ. The bark from which quinine is gained would have been a typical example. But (and this is why we emphasize it) practitioners are not a little bothered by importunities for some "simple" remedy to do this or that, the meaning being, so far as can be guessed, to ask for a remedy which shall be very potent against the disease or unpleasant symptoms, but entirely devoid of any other effect. All of which is as wise as the seeking for a gunpowder which shall be of the greatest power in propelling the ball and which shall produce no recoil of the gun.

S. G., New Haven, Conn.—It is superfluous to say that fruit for children should be ripe, since green or imperfect kinds should under no circumstances ever be given them. The points then in regard to the quality of fruit are soundness, freshness, ripeness and cleanliness, all equally important. The seeds, rinds and foreign parts should always be removed, as they may become the source of disease if unhappily lodged in the intestines.

M. R. S., New York City.—The entire subject was covered in our October number (p. 378). Borden's Brand is a good type of the better kind of condensed milk.

San Antonio, Tex.—The catarrhal symptoms of measles are mainly in connection with the eyes and the air passages. The eyes run profusely and are usually sensitive to the light. There is usually considerable discharge from the nose, with sneezing, and sometimes nosebleed. There may be hoarseness or even croupy symptoms, and a peculiar dry, barking cough with little expectoration is seldom absent. In fact, if such a cough with the eye symptoms be present, it is always well to consider the possibility of measles. During this stage one may often find, if he looks for it, upon the palate and even upon the roof of the mouth, spots like the eruption of measles or large blotches. They are not, however, always to be seen.

R. D., Quincy, Ill.—A sore throat should be regarded with suspicion if

the neck is swollen on the outside, the glands enlarged, tongue coated, breath offensive, and the child prostrated. No one should attempt to treat a case of this kind without immediately consulting a physician. Some look upon all deposits on the tonsils as diphtheritic, and if there is no deposit present think the case is a simple inflammation. This is a mistake. The tonsils may have a deposit on them in simple inflammatory conditions, and it is often difficult, at its commencement, to distinguish simple inflammation from diphtheria.

A. M., Milwaukee, Wis.—If you "have every confidence" in your physician, why not rest in that confidence? If you feel uneasy, just tell him that you would be glad of a special opinion, and he will also be only too glad to have it; for if he is right he will be confirmed; if there is doubt, he will share the responsibility.

W., Logan, Utah.—We suppose you mean, is she as well as a teething child should be when teething? We know that some children are disturbed in various ways at the time of teething, but we think that such children are not really well. So the question would not appeal to us as put. But your child has eight teeth at eleven months, showing that she is forward in teething. Further, she is not likely to have her molars (the next teeth due) at present. Therefore it is probable, for these additional reasons, that teething has nothing to do with her disturbances.

The Mothers' Parliament.

Cultivating the Observing Powers.

One of the gravest defects in the education of children is the neglect of parents and teachers to cultivate in them the habit of close observation. Such instruction should begin in the nursery.

There is a story told of Agassiz which, whether true or not, illustrates this important idea in education. He was about to choose an assistant from one of his classes, and, as there were a number of candidates for the honor, he selected three of the most promising students and subjected them to the simple test of describing the view from his laboratory window. One said that he saw merely a board fence and a brick pavement; another added a stream of soapy water; the third detected the color of the paint on the fence, noted a green mold or fungus on the bricks, and evidence of blueing in the water, besides other details. It is needless to say that the most observing student secured the coveted position.

There are parents who have not sufficiently cultivated their own powers of observation to note the difference between two lovely vines that make our autumn forests gorgeous with vivid hues. The five-fingered ivy is perfectly harmless, whereas the three-leaved poson vine, which so nearly resembles it, must be avoided. A lad who had never been taught that it is unlikeness which differentiates objects, that classing things together on account of similitudes leads to error, had

his eyes poisoned, and came near losing his sight, because he mistook the poison vine for the harmless ivy on account of their resemblance.

True, all children cannot be taught to be as painstaking as Audubon, who could, at a glance, detect a deficiency in the number of scales in a junction of a partridge's leg, for such accuracy comes by long years of painstaking study, but all children may, at least, learn to distinguish the leaves of different trees, the birds of the air, the flowers of the fields, and other natural objects by which they are surrounded. There are country children born and bred who do not know our native ferns. I once showed some to a little girl. She asked: "But how did you gather these leaves in your hand when they grow so high up in a tree?" "They do not grow on a tree but close to the ground," I replied, "what makes you think they grew on a tree?" In reply she ran into the house for her geography, which she opened, and showed me the fern-like foliage of a palm tree. I know a lad who had never observed the shape of trees outlined against the sky, after the leaves had fallen. His attention being called to it he became a devoted student of what he called "natural sculpture." A child's senses are his instruments for knowing the natural world, and their cultivation can not be neglected with impunity. Many children with very good ears have, nevertheless, to be taught to hear, or, at least, to distinguish sounds. A country boy said to

me: "All birds sing alike; they don't sing nohow, they just whistle." But a little girl I know has a long list of words, and even sentences, which she has heard the birds sing. One not trained, from childhood to pay attention to sounds often detects only the coarser and more unmelodious. By means of a little patient effort what a world of unknown melody might be disclosed!

The habit of close observation is sure, in the end, to have a favorable effect upon a child's speech. Too little attention is paid to making exact discriminations in the use of language. Parents are fatally at fault in allowing children to use indiscriminately half a dozen words supposed to express the same thing, whereas, in fact, there are shades of meaning sufficient in degree to give the idea to be expressed a decidedly different color from the one intended. A careless use of language leads to exaggeration and inaccuracies of various kinds and degrees, which react disastrously upon thought. For while it is true that ideas precede words, yet a habit of careless speech fosters inaccurate thinking. *A. D.*

Strength of Early Impressions.

Grown people have in general a very inadequate idea of the susceptibilities of little children. When I was a five-year-old, certain "by cousins" of mine used to amuse themselves by "hectoring" me, to use the word then in vogue. I had been invited on my way from school to ride home with a certain pedler, said pedler being known to my cousins as a rather smart beau when off his dry-goods wagon. This invitation, which I instantly refused,

though the way was long and the day hot, served for weeks as teasing material. The result was that I cordially disliked my young and no doubt charming relatives; and not until I was a woman grown could I cure myself of my prejudice.

I have known a child to cherish for years an active resentment as the result of a punishment, or merely a scolding, undeserved. As a little tree is easily warped from its true shape, so is the heart and the mind of a little child.

Said Froebel: "If I pierce the young leaf of the shoot of a plant with the finest needle, the prick forms a knot which grows with the leaf, becomes harder and harder, and prevents it from obtaining its perfectly complete form. Something similar takes place after wounds which touch the tender germ of the human soul. It would have been far different with humanity if every individual in it had been protected in that tenderest age."

—*M. F. B.*

Youthful Jealousy.

The item in a recent number of *BABYHOOD*, "Advent of Little Brother," brings to my mind my experience in that line.

When my little Tom was two-and-a-half-years old we had another little boy come to us. From the very beginning little Tom showed great jealousy of any attention shown his little brother. We tried to be careful to show no partiality to awaken jealousy, and as he was a sweet-tempered child it seemed strange that he could not be brought to love little Baby. For

two or three months Tom continued thin and fretful, and I am positive it was nothing but jealousy that made him unhappy. It was pitiful to hear him. Lifting his large asking eyes to mine, he would say in baby tones "Put him in the bedroom and shut the door," with a quiver of his little mouth that almost broke my heart, and the deep sigh that escaped him when I would take him in my arms was truly heart-rending. However, by keeping them together, taking both in my arms, and interesting Tom in Baby, and allowing him to do little things for him, he came to love him, the sense of protection appealing to his infant mind as it does to us older children.

If any mothers are having any similar experience, let them try to make the little one of use and necessary to the newcomer, and I feel sure it will aid in overcoming the very natural unhappiness which deposition from being the only baby sometimes causes.—*A. A. P.*

The Duties of a Nurse.

Can the *BABYHOOD* mothers tell me what the duties of a nurse are?

I have a baby fourteen months, and a little baby four weeks, and somehow my nurse has no time to care for the little one. She does no washing or sewing or housework (I have other help) and only takes care of the oldest. I do not know any one who has young children, so I cannot ask advice; but I see nurses on the street with two children. Don't they care for them both in the house?

Some nurses advertise that they are neat sewers. What are they expected

to sew? Do they merely mend, or do they make the babies' clothes? Do you have to pay a nurse more if she sleeps in the room with one of the babies? What is considered a fair price? I pay mine \$4 a week, but I think she ought to help me more.

I am a new subscriber, and will be very glad of an answer to my many questions.—*F. R. D.*

Hammock Swing.

I find that a hammock swing in the sitting-room affords more amusement to the little tots than any other one thing. They sit in it and swing, or swing each other, play at swinging their dolls or kittie to sleep, and very often help me not a little by putting "baby brother" to sleep in it. I have no spreader in my hammock, and it hangs so near the floor that in case they roll out it does not hurt them any. A number of blankets are put in at night and the hammock becomes a bed.—*P.*

Bedtime Talks for Little People.

By experience, as also by observation, I am satisfied that the children who most readily fall asleep are the ones to whom the least bedtime talking is given. The habit of telling them a story every night is wrong, unless those in charge are willing to place themselves under the bondage that even wee children will demand. Story-loving children—and what children are not—are unhappy if for any reason the expected story is even for a single time missed. Therefore the wisdom of varying bedtime talking, or sometimes omitting it altogether.

A skilled child's nurse was overheard saying in response to the question: "Does it take Margaret long to get to sleep?" "No, because after she is undressed and in bed I pay no apparent attention to her. I lower the lights and treat her questions as though I was deaf. Why, Margaret would play half the night if I would talk to her." The result was, that this same fun-loving Margaret was the pet of a large household. A better-natured three-year-old child it would be impossible to find, and it was also noticed that she was originally an ill-natured child, having inherited a disagreeable disposition which her hours of rest and sleep alone controlled.

Children may be talked to when they are being undressed, but when that process is finished the story should be finished also. Kindness to yourself in this particular is really kindness to children. Of course, send them to bed happy, but when they are tucked comfortably in, say good-night. If another story is then asked for, tell them to "wait until to-morrow," and do not spoil good management, no matter how clever the coaxing, by changing your mind, "just for this once." Rest assured the "just this once" will then have to be repeated indefinitely. Some mothers may think, "I could not be so severe; my children are almost babies, and they are so gentle, loving and sweet. I could not deny them the reasonable request of one story after putting them in bed." Mother, would you like these babies to continue gentle, loving, and sweet? Then be wise in time.

During the undressing period, talking should be as far as possible from

exciting children's nerves, or imagination; therefore beware of fairy, hobgoblin or allegorical stories. State pleasant, simple facts, in quiet, simple words. Do not use language which will require explanation. The little brain should not be taxed at night, by wondering, "what does that mean?" Also tell nothing that will call forth answerable questions or lead to debate, however slight.

Children's magazines are quite as essential for parents as for children, and the wise woman is she who is on the alert for bedtime stories with just enough interest to make the little people satisfied. Of course you may hear, "I don't like that story, please tell me another one." Therefore mothers and nurses should have a variety to select from. Imaginative children are kept awake by supplying the end to a story which is only half finished, as for instance, by the remark: "Now be a good child and go right to sleep, and I will tell you what next happened to-morrow." For the same reason ghost stories should be positively forbidden. Nervous children have had serious illnesses directly traced to an unnatural story told to them at bedtime.

The treatment which some of our frail little ones receive is beyond the verdict of thoughtlessness; it is decidedly wicked. We mothers sometimes need to take one and another potion to induce sleep for ourselves, therefore we should never be found off guard at the bedtime hour of our children.

It is best not to tell sad stories at night. Our children are full of sympathy, as they have not yet learned to be careless or callous. So do not take

the chances of sending them to bed unhappy; their eyes should be as brimful of joy as of sleep. If you wish them to know of hunger, disease and death, save such stories for the brightest of daylight, when the sun is doing his best to shower joy over us all. Real sorrow comes fast enough to us all as the fleeting years roll by and your babies will then take their turn with the rest.

"I wonder what my papa meant by 'care?' He said he couldn't sleep, and walked the floor all night," said little Flossie as she brought her doll, Golden Locks, to mamma to dress. "Never mind, darling dear, Golden Locks slept, and you slept," answered the mother, as her own eyes filled with tears, in memory of that very care.

Moothen Goose rhymes rarely fail with the very little folks. One family we know have the habit of singing one or two of these rhymes every night. Stories about dolls are full of interest, their wardrobe, their carriage, dolls' parties, indeed everything connected with doll history; and the best of such stories is, you may stop short anywhere. Items of school interest engage both boys and girls, and children always like to know about what happened when, "you were a little girl, mamma." With some children Bible stories have a great charm, and surely they are varied enough to suit every age and disposition.

Of course the children themselves must be studied, for what would do for one child would often be unsatisfactory for another. Therefore, no particular stories or talks can be mentioned, only the idea of quiet and lullaby should characterize all. Com-

mon sense must control the bedtime hour if we would have our children healthy and happy. Indeed the bedtime hour may make or unmake the coming generation. G. O. D.

An Old Guide for Housewives.

It stands on the lowest shelf of a certain woman's bookcase, a thin volume, bound in green boards, and bearing the modest legend on both covers: "The Frugal Housewife, 1829." Its companions are portly modern cook-books, scrap albums—wherein are pasted the collected clippings of a notable cook—and a score of more frivolous treatises on "Chafing-Dish Dainties," "One Hundred Salads," and the like. When its present owner found it, several years since, it was

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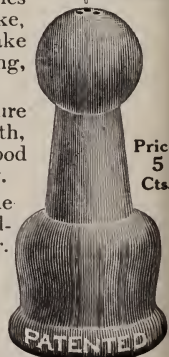
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lying on the dust-covered back shelves of an old second-hand shop, and ten cents was large enough to lure it from its hiding-place. Now it keeps finer company, looking, however, despite dusting and an artistic bookplate, a bit strange and old-fashioned in such up-to-date company.

Beside the bookplate, the flyleaf bears the legend, "Mrs. Hepsabeth Warner's Book," written in the curiously hesitating, faintly traced script of generations gone by, with fantastic, wriggling curves to the capital letters. The title-page is interesting and illuminating. After the title, itself suggestive, is the dedication, "to those who are not ashamed of economy," and Franklin has contributed of his worldly wisdom the proverb, "A fat kitchen maketh a lean will." The writer hides her identity under the highly successful disguise, at least to modern readers, of "By the Author of Hobomok." It took a careful half-hour's research among the worthies of the past to discover that the lady in question was none other than Lydia Maria Child. But even the discovery of the name was not so enlightening as it should have been. The name of the gentle philanthropist, friend of Wendell Phillips and William Lloyd Garrison, has grown unfamiliar, and her historical tales and the "Juvenile Miscellany" of her editing long since forgotten. Only the name of her "Appeal in Behalf of that Class of Americans Called Africans," remains to uphold her at one time considerable literary prestige.

In contrast to modern works on housewifery, this little green volume is delightfully slender and cheerfully simple. Apparently the author was not bothered in the slightest by the demands of the index. Haphazard as the arrangement is, there is a charm-

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ing unexpectedness about the subject matter, and the inconsequential order of its setting down that fascinates in these days of the scientific method in the simplest things. The result is an "Alice-in-Wonderland" mixture. "The time has come," so we may assume Madame Child said to herself, "to talk of many things." And her list is not so far removed from that of the walrus. One may find first cousins to "ships and shoes and sealing wax," and "cabbages and kings."

AN ALLITERATIVE INDEX.

How helpful the index to the "Frugal Housewife" would have been to early Anglo-Saxon bards, with their dependence upon alliteration for poetic effect. Fancy their joy in such bits as these, selected at random from the table of contents, just as they stand, side by side: "Arrowroot, ashes," "beer, button bags," "cucumbers,

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carpets," "dishwater, dandelions," "fevers, flaxseed," "sweet oil, stockings," "teeth, towels," and "wedding cake, wens." Can one dream of a more rarely humorous assortment of topics?

Thrift of the chilliest New England type is the keynote of the introductory chapter. The old-fashioned moralizing which varies its precepts has the ring of the practical wisdom of "Poor Richard's Almanac." "The true economy of housekeeping is simply the art of gathering up all the fragments so that nothing be lost. I mean fragments of time as well as materials." So begins this feminine Franklin. The economical housewife is warned to look frequently into the pails to see that nothing is thrown to the pigs that should be in the grease pot, while the grease pot is to be inspected with similar care, that nothing may find lodgment there that should serve to nourish human beings. They must do all their own mending, make their own bread and cake, knit the family stockings, and pass the few remaining idle moments in patchwork.

Puritanic as the pages are, and pro-

vokingly parsimonious at times, there is much tucked away in the paragraphs that the modern woman, educated to the extravagance of present-day living, might read with benefit: "We never shall be prosperous until we make pride and vanity yield to the dictates of honesty and prudence. We never shall be free from embarrassment," she argues, "until we cease to be ashamed of industry and economy." "Do not let the beauty of this thing, and the cheapness of that, tempt you to buy unnecessary articles," is excellent advice for the woman too often tried beyond her strength by the so-called "bargain counter."

GRIEF OVER ROMPING CHILDREN.

Children fare ill at the hands of this literary housewife. She grieves over the fact that in this country children are apt to romp away their existence until they get to be thirteen or fourteen. A child of six is to be made useful and taught to consider every day lost in which some little thing has not been done to assist others. Among the occupations suggested there is the braiding of hats and bonnets and the mak-



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ing of feather fans from turkey feathers, these especially for country children. Taking entire care of their own clothes, knitting garters, suspenders and stockings, making mats for the table and mats for the floor, weeding gardens and picking cranberries, are among suggested occupations. But no well-behaved little Jacob or Rollo is to be exposed to temptation even for the sake of industry. Says Mrs. Child: "Provided brothers and sisters go together, and are not allowed to go with bad children, it is a great deal better for the boys and girls on a farm to be picking blackberries at six cents a quart than to be wearing out their clothes in useless play." One scarcely wonders at the moral flavor of Sunday school tales after reading this improving preface.

"Odd Scraps for the Economical" is the title of the opening chapter. Perhaps the most entertaining part of the whole is the naïveté of the constantly recurring "I never tried this, but it is said," or "I never saw the ex-

periment performed." Modern notions of scientific proof do not trouble the author. She is quite willing that each reader may have the pleasure of discovering for herself whether or not a faded carpet may be restored by being dipped into water and strong salt, or whether a bit of unslaked lime thrown among old and watery potatoes will tend to make them mealy.

Stores would fare badly at the hands of the true economist if the author's word is taken as exact. She advises that woolen yarn be bought in quantities from some trustworthy persons in the country, since the thread stores otherwise make a profit. Dentists, on the contrary, would thrive, since "to preserve fine teeth, they are to be cleaned thoroughly once a day, after the last meal." Substitutes for coffee, even more unattractive than boarding-house chicory or health hybrids, are suggested. Among them dry brown-bread crusts, roasted, rye soaked in rum, the New England rum, of course, figuring largely in these pages, and roasted peas. Backs of old letters are to be saved for practice paper for children learning to write, and copy books are to be made by sewing together brown wrapping paper. But, perhaps, most delightfully refreshing to those accustomed to the modern sweeper is the advice about the care of carpets. The housekeeper is cautioned against sweeping carpets any oftener than is absolutely necessary, threads from sewing being picked up by hand. Sweeping is injurious, and it is better to wear out knees than to spoil the nap of the carpet.

Simple household remedies occupy five pages, doubtless more than useful when doctors were harder to get at than they are now. Startlingly novel

are some of the suggestions, such as eating a good quantity of old cheese when oppressed with any kind of food. Bear's grease, applied externally and internally, is recommended for "quincy," or croup, also lard and yellow Scotch snuff. Lock-jaw is to be prevented by an application of pork rind, while external cancer can be cured, so a gentleman from Missouri avers, by potash made from red oak bark followed by tar plaster.

These remedies are followed after a discussion as to how to keep vegetables, by a disquisition on herbs and herb-raising. All the old friends of the garden are there, sage, summer-savory, wormwood, marjoram, motherwort, hoarhound, thoroughwort, catnip, and their fellows, besides some not so common. Elderblow, lungwort, elecampane, and succory are not so familiar. A cure for canker is to be made from the leaves and blossoms of the common dark blue violet, while colt's foot and flaxseed are useful in consumptive complaints.

DEPTHS OF THE DYE POT.

One of the most interesting chapters is that dealing with cheap dye stuffs. It hints of the day when good stout materials, standing the test of time, were purchased to be handed down from mother to daughter, after undergoing transformation in the depths of the dye pot. Blue is apparently the hardest color for the novice to achieve, and a compound of violet and indigo, called "Blue Composition," is to be bought at the apothecaries'. But in every other case not only the dyeing is to be done at home, but the colors are of home manufacture. For yellows of varying shades, fustic, saffron, barberry bush, peach leaves and onion skins are used. Then comes

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the practical working out of the laws of primary colors. Boys and girls did not need kindergarten training to learn that blue and yellow make green. A bowl of the saffron or onion skin dye, a spoonful of the "Blue Composition," and, presto! a lively grass green, "a handsome color for ribbons."

How many yellows they knew! There was the straw color from saffron, "Bird-of-Paradise" yellow from onion skins, bright yellow from peach leaves. Balm blossoms, steeped, color a pretty rose, the purple paper that comes on loaf sugar, boiled in cider or vinegar, makes a fine purple slate, and white maple bark a good light-brown slate, suitable hues for stockings. Poor little youngsters who wore these dyed, cut-down stockings! Nankin, the color of the popular small clothes of Revolutionary days,

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

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Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

can be obtained from lye and copperas or birch bark, while logwood and cider, in iron, set with copperas, makes a good black.

CHEAP, COMMON COOKING.

In treating of cheap, common cooking, the lack of sequence is especially noticeable. From chicken to beef and back again to chicken is an ordinary digression. Good examples of quaint spelling are found in "nasturtion," "hallibot," and "plumbs." Economical people, we are told, seldom use preserves except for sickness, as they are unhealthy, expensive and useless to those who are well." For common use barberries preserved in molasses are good enough. Currant wine, raspberry shrub, and ginger beer are to take the place of "Port and Catalonia wine." Reminiscent of the still-room are these recipes, as are those for diet drinks made from box-berry, feverbush, sweet fern, and winter evergreen. As yeast is so essential to the preparation of these drinks, how to make the family leaven is an important matter. To modern ears the word used for yeast is strange, indeed. One reads of hops emptings, of rye and milk emptings, until at last it dawns upon her that emptings is synonymous with leaven.

There is, however, nothing strange about a certain paragraph on puddings. It savors of the comic supplement joke. The young housewife is warned what to do for dessert in case husband brings home unexpected company to dinner. Rennet pudding may be made at five minutes' notice, provided there is in the cupboard a piece of calf's rennet, ready prepared, soaking in a bottle of wine. It is good to fall upon that old favorite of our grandmothers, election cake,

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Calf\$1.25
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among the list of cheap cakes, and to see how closely it resembles the coffee roll popular to-day. Gingerbreads of various kinds are scattered at random over the pages, hard, soft, nut, and the sour-milk variety. "Flat-jacks" a new name, and the thrifty Indian meal bannock also appear, and the list concludes with "good common wedding cake."

RECIPE FOR MINCEMEAT.

Just what epicures and notable cooks would say to the formula for mince meat is not hard to fancy, when it is noticed that for several pounds of ingredients, moistened with cider, a gill of brandy is to be used, and by preference lemon brandy. Good temperance mince meat is this. Equally unappetizing is the suggestion of carrot pies. This chapter the printer has confused with that on the cooking of meats, and he nonchalantly comments on this in the errata following the index: "By mistake two chapters are mixed together. The chapter on 'Common Pies' should end near the bottom of page 67."

Back to the days of the fascinating girl-stories of Louisa Alcott does this little book take us, where we find near the end the mention of potted pigeons. What girl does not recall the ambitious cooking club that seven of

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed:

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

"How Can I Cure My Catarrh?" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

THE CONTEMPORARY PUBLISHING CO., 5 BEEKMAN ST., NEW YORK.

Miss Alcott's heroines formed, and the brave attempt of each of the reckless young cooks to present potted pigeons as her contribution to the last feast of the year? Delightful indeed is the dénouement, when the distressed damsels are confronted by seven platters of pigeons in all stages of success and failure. The arrival of a country cousin, closely related to Polly, her "old-fashioned girl," wakes them up on the subject of plain cooking, and a genuine country feast follows. How useful would the "Frugal Housewife" have been in that event.—*New York Evening Post.*

SAFE NIPPLES.

In an article on Cold Hands and Feet in the October BABYHOOD, mention is made of indigestion being a frequent cause of this trouble in children. The use of the Anti-Colic Nipple will keep the bottle-fed baby free from colic and indigestion. This nipple has three small holes, which regulates the flow of milk allowing the saliva to mix with the food and prevents the child's sucking wind from the bottle.

Lace and chiffon waists are often ruined by being hung on the ordinary clothes hanger. The hangers draw the waist and ruin the fit about the neck and shoulders. It is best to keep them in a waist box or drawer.

Cut canteloupes in halves and slice a little off each end, so they will sit flat on the plate. Chill thoroughly. Just before sending to the table, fill with whipped cream, sweetened a little, and mix with the cream preserved ginger chopped fine.

Pear delight is made by peeling and slicing ripe fruit and putting it into a glass dish in layers separated by

Is Motherhood Drudgery?

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(Mrs. James E. Mills.)

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50 Bromfield Street, Room B, Boston, Mass.

sprinklings of orange juice, whipped cream, candied cherries and diced angelica. Garnish the top with cream, angelica, cherries and a few walnut meats.

For a savory fall dinner entrée or luncheon dish, slice apples around and around without peeling and fry them with a thinly sliced onion in bacon fat. Serve with crisp slices of bacon if used for luncheon.

To accompany a fresh pork roast peel and core apples, fill the centers with mushrooms and a few buttered bread crumbs and bake. Season the apples lightly with catsup or chili sauce when they come from the oven and send to the table hot.

Some valuable hints in sewing fell out at a little lesson in cutting given by a mother to her college daughter last summer. A long-sleeved guimpe was being made by the girl. When she came to cut the sleeves she said:

"But this pattern is not long enough for my arm. What shall I do—extend it at the wrist or the top?"

"At neither place," her mother replied. "If the pattern is much too short, cut it in two twice, once above the elbow and once below the elbow. Cut it across straightwise with the goods as it is laid down for cutting.

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219 Fulton Street, New York, N. Y.

312 Market Street, Philadelphia, Pa.

Then slip the several pieces away from each other enough to lengthen the sleeve sufficiently for the upper and for the lower parts of the arm. This preserves the shape of the sleeve, while adding length to wrist or top destroys the proportions. Liberties of this kind may be taken with any part of a waist pattern. If it is a little too small at the waist line, while right elsewhere, slash the pattern from bottom upward for several inches and spread the slash apart enough to give

the added room. If the pattern is a great deal too small at this part this cannot be done because of the exigencies of the curves and the consequent wrinkling of the upper part. If a sleeve pattern is too long, take two tucks across the pattern, one above and one below the elbow. If a waist pattern is too long-waisted tucks may be taken in the body part of the pattern to remedy the defect. If it is short-waisted it may be cut in two transversely and spread apart."

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
Pres., 140 Nassau St.

FRANCIS D. POLLAK,
Sec'y and Treas., 49 Wall St.

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Eye Troubles in Children.

The expressions "sore eyes" and "weak eyes," though both lay terms, and, scientifically speaking, imperfect, would be allowable were they properly understood and less frequently confounded. The expression "weak eyes" correctly belongs to a condition which is the result of some change in the shape of the eyeball, causing either defective sight or good sight only at the expense of a tiresome effort—in other words "eye-strain." "Sore eyes," on the other hand, are those in which the lids have suffered some structural change, either reddening or inflaming them, causing them to become swollen, thickened or distorted, or causing their edges to become covered with scales or crusts, a condition which leads to the loss of some or many of the eyelashes. Keeping these definitions in mind, it will be obvious that the two titles refer to entirely different conditions.

Very often the two conditions just defined are associated; the existence of "weak sight" associated with eye-strain and uncorrected by proper glasses frequently leads to changes in

the lids, and then "sore eyes" are added. As a matter of fact, a very frequent cause of "sore eyes" is eye-strain; as a result of excessive action there is too great a supply of blood, naturally producing redness and swelling.

Another very common cause is some constitutional error or disease. The eye is very responsive to changed conditions of the system—a sort of mirror which reflects abnormal states existing in remote and hidden parts of the body. Observe the frequency with which the eye becomes affected after the various contagious diseases, especially measles and scarlet fever; again, how rapidly the increased strength of children convalescing from disease is evidenced by ability to expose the eye to additional light and work.

Scales and Crusts Upon the Edges of the Lids.

One of the commonest of lid troubles in children, and one which the mother regards with the greatest concern on account of its disfiguring tendency, is the occurrence of scales

or crusts upon the edges of the lids. At first little flakes of skin will be noticed just where the eyelashes start from their attachments; then, if nothing be done, these become larger and larger, forming crusts; finally, if still unattended to, the entire length of the lids will present a ridge of incrustation, matting together the lashes. These crusts fall off after awhile, and are replaced by others; each successive incrustation carries away many of the lashes, and ulcerates and destroys the hair follicles—the parts from which the lashes grow and by which they are nourished.

Such a condition is popularly called “granular lids.” This is a very erroneous term, for, as we shall see later on, it is the name given, even scientifically, to another quite different and more formidable disease—not of the edges of the lids and their lashes, but of the inner surface or lining. If we shrink from the technical Latin term for this disease, “blepharitis,” we will be correct in calling it “crusting of the lids,” or better, “eczema of the lids”—for it is really an eczema, just like that which occurs upon the scalp and face.

In considering the treatment, we often find that this affection occurs in scrofulous and anæmic children, and during the convalescent stage of febrile disorders; in such cases much attention must be paid to the condition of the system and its abnormality corrected, if we wish to effect a thorough and lasting cure.

In many cases the affection is entirely local, and then a very little treatment of the mildest sort may be

efficacious. The important point is to recognize the trouble early, while we are still dealing with small scales and when crusts have not yet formed; in this stage it will simply be necessary to cleanse the attachment of the lashes thoroughly with warm water to which a pinch of borax or bicarbonate of soda has been added; or, a little white castile soap added to the water will answer; soap and water are excellent remedies even applied to lids and lashes.

The removal of the scales must be thorough, no matter how red or sore the edges of the lids become; then the lids should be dried thoroughly and a little white vaseline applied to the edges. Even healthy lids are benefited very often by the occasional use of white vaseline along the edges applied at night before retiring—the lashes become less dry and are then less apt to fall out; though it must be remembered that the loss of lashes is a physiological process constantly taking place, and that lost lashes are replaced, when the lids are healthy, within three or four weeks; it is only when a greater number fall out than are replaced that the process becomes a disease.

In the more severe cases, where crusts have already formed, it is still proper to remove them with water modified as above stated, using as much force as is necessary, even if soreness and bleeding result, and if many of the lashes are removed in the cleaning process—for the lashes thus lost would be sure to fall out in any case. In the subsequent treatment of such more serious cases, how-

ever, simple vaseline will scarcely be sufficiently potent and the services of an oculist will be necessary.

Styes.

A very trivial but annoying affection of the lid is the *stye*. Very few children have not had *styes* at some time or other. They are not of any great importance, though often painful and frequently occasioning great swelling of the affected lid; before the *stye* shows itself, the swelling and redness may be so severe as to give rise to worry and alarm.

The usual mother's treatment of *styes* is as good as any—hot poultices—after it is quite certain that the *stye* has formed. But in the early stages, especially when previous ones have taught us what is about to take place, cold compresses may serve to abort the petty trouble and prevent the formation of matter which takes place when the *stye* “ripens” or “comes to a head.” A little cleansing of the edge of the affected lid is often of service in this early stage; the *rationale* of this will be understood when we remember what the nature of a *stye* is: a small swelling formed around the attachment of one or more lashes, like what we would call a pimple when occurring on any other part of the body, but more painful because it occurs upon such a sensitive organ; it is likely that the deposit of a little dirt around the point of origin of the lashes favors the formation of the *stye*.

If cold applications are of no avail in preventing the further progress of the trouble, or they give rise to pain, they should be discontinued and hot compresses substituted, in order to

hasten the process and to encourage the formation of matter; then the *stye* will open and there will be relief from pain and swelling. Almost anything may be employed to carry heat to the lids—bread, slippery elm, flaxseed, sponge, etc.—but the most cleanly and best is ordinary water kept as hot as the patient can possibly bear it. Such compresses are a little more trouble than the ones ordinarily employed (slippery elm, flaxseed), because they are apt to cool quickly and have to be changed frequently. Little pieces of muslin, linen or flannel, folded three or four times, should be used; a layer of cotton wadding and then a piece of oiled silk should be spread over the compress, so as to retain the heat as long as possible.

It is well to pull out the affected lash and to open the *stye* as soon as the yellow appearance of its surface shows that matter has formed; a sharp needle, the point of which has previously been passed through the flame of a spirit-lamp, so as to secure thorough disinfection, will be the best instrument which the mother can use for this purpose.

Styes usually occur in succession; whether one or more appear at the same time, we will find that the first one is usually the forerunner of a number of others. This points to the fact that some constitutional disorder, some slight modification of a normal condition of the body, usually underlies the *stye*-forming tendency. Constipation will very often be found at such periods. Often we will find that it occurs when there are other evidences of derangement—skin eruptions, poor appetite, general *malaise*,

etc. So-called "delicate" children are more liable than others. Hence the frequent occurrence of styes may indicate the desirability of consulting the family physician.

"Hailstones."

An affection resembling the sty at first, and beginning in the same way, is the small circumscribed swelling near the edge of the lid, called the "hailstone." This is formed in the following manner: Near the edges of the lids is a row of small bag-like glands in which an oily or greasy material is formed for the purpose of keeping the lashes soft and pliable; this secretion is carried to the roots of the lashes by small canals or ducts, and is poured upon the lashes just before they appear at the surface of the skin. When one of these ducts becomes stopped up from any cause, the secretion accumulates in the gland and forms a swelling, varying in size from that of a hemp seed to that of a small hazelnut.

It may begin and continue without any inflammatory symptoms, or it may commence with pain, redness and swelling, just like the sty. In either case, at the end of two or three weeks a small elevation will be noticed near the margin of the lid, and if the finger be passed over this spot a hard mass will be felt. This may remain quiescent, and give rise to no inconvenience for many months or years, and then there will be no other complaint except about the deformity which it occasions; but usually it gives rise to some irritation from time to time.

During the time that it is forming

we can sometimes dissipate the swelling by irritating salves; or it may disappear of its own accord. But usually neither of these favorable methods of termination can be looked for; then nothing remains except to have the oculist cut out the small mass.

"Pink-Eye" or "Spring Catarrh."

Every spring and fall there occurs in New York and vicinity, and often in other parts of the country, an epidemic of a form of inflammation of the lids and eyeball known as "pink-eye," "spring catarrh" or "autumnal catarrh." This disease seems to depend upon a peculiar state of the atmosphere; minute germs are deposited upon the lids, and the affection is thought to be due to the growth and development of these bacteria. It is not a serious trouble, but the symptoms are so pronounced that they are apt to cause alarm.

Usually a child will wake up with the trouble well developed; or it may then have slight symptoms which become more pronounced in the course of a few hours. There will be intense redness, puffing, excess of tears, dread of light, and pain upon using the eyes; there is added a copious mucous discharge, so that the eyes must be freed from the secretion quite frequently. In the mornings the eyes will be found incrustated and stuck together by the dried-up secretion which has accumulated over night.

The disease passes away in the course of a week, even though nothing be done in the way of treatment; but treatment will make the sufferer decidedly more comfortable and will

hasten the cure. We rely chiefly upon cold compresses applied, half an hour at a time, every three or four hours. Mild eye washes (solutions of table salt, borax, boric acid, etc., in the proportion of a teaspoonful to a pint of water) are also useful. A little white vaseline applied to the edges of the lids at night prevents the matting together of the lashes, and facilitates the removal of the dried-up secretion in the morning.

The importance of this disease lies in its contagiousness. If a little of the discharge of the affected eye gets into the other one, the latter is almost certain to become inflamed. Hence, even with the very best of care, it usually happens that the affection spreads to the second eye soon after the first has become involved. Care should also be taken that the secretion does not find its way into the eyes of other children, and that the handkerchiefs and towels of the patient are not used by any one else; such linen should receive a special washing before being put into the general wash.

Simple Catarrh of the Lids.

There is another form of catarrhal inflammation of the lids known as "simple catarrh." This variety is apt to come on gradually and insidiously, with symptoms not very pronounced in type. There will be some redness, a little swelling, an excess of tears, itching of the lids, and some irritability of the eyeball and lids; there is little or no discharge. This simple catarrh may be of short duration (acute), or more tedious in its course (chronic). Its treatment calls for astringent washes of various sorts, the

selection of which it is necessary to entrust to the judgment of an oculist.

True Granular Lids, or "Trachoma."

Finally, a few words about an affection of the lids which is more serious than any of those which we have been discussing—*true granular lids*—the term now being used in its true scientific sense, and not misapplied for a simple crusting of the edges of the lids. A better and more scientific name for this trouble is "*trachoma*." In all the forms of lid-trouble, which we have discussed above, the changes have been temporary, and trifling as far as real injury to the lid was concerned; there was swelling and inflammation, but no new permanent deposits or growths spread throughout the substance of the lids.

In trachoma, there is, beside swelling and inflammation, the deposit of new tissue in the lids, in the form of larger or smaller masses. If we turn out the upper or lower lids of children who suffer from this disease, we will see a large number of small, rounded elevations upon the inner or red surface. These elevations are *semi-transparent*; they often look like grains of boiled sago; their size varies from that of the head of a pin to that of a hemp seed; they are either distinctly separated or else run into one another; very often they are arranged in rows. They are distinctly visible, and scarcely need an oculist for their detection.

This is one of the diseases of the eye which should be dreaded, being decidedly mischievous in its tendency, if neglected. In symptoms it resembles simple catarrh of the lids—red-

ness, swelling, watering, irritability, dread of light, inability to use the eyes for any length of time. Very frequently such patients complain of a feeling of sand in the eyes; all these symptoms are regularly worse at night when the eye is exposed to artificial light than in the daytime. These small granules cause much discomfort for the reason that they occupy the narrow space between the lids and the eyeball, and press upon the latter just as a foreign body, such as a cinder, would. After a time they may roughen the clear part of the eye, and cause dimness of vision, and thus interfere with good sight.

Until recently the treatment of this affection was a tedious and hence a very unsatisfactory one, requiring months of daily applications of blue-stone (the sulphate of copper crystal) or of other caustics; for we were dealing with actual new deposits in the lids; these deposits had to be burned away, and this process is always a slow one. Mothers were often instructed how to treat the lids at home and thus, though the duration of the course of treatment was not shortened, the expense was lessened; but the treatment remained tedious, discouraging and painful; each application of the caustic had to be followed by the use of iced cloths for half an hour or an hour, so as to reduce the inflammation which the treatment itself excited.

During the past two years an operation has come into use among oculists which does away with this tedious course of treatment of granular lids, and cures the patient after a single operation; or, if a complete cure is not effected by the operation, so little of

the granulation is left that a few applications of the copper crystal will complete the cure, the after treatment lasting, at the outside, but a few weeks. This operation is devoid of danger, but is so painful that an anæsthetic must be given. It consists in the use of a small roller-forceps or pincers, with which each of the trachoma-granules is seized and squeezed out. Of course there is some bruising of the lids in doing this, but this effect disappears in a day or two. The fear of an anæsthetic still causes many mothers to insist that the oculist use the old-fashioned and tedious copper treatment in preference to the rapid cure by operation.

Trachoma is the most formidable of all the forms of "sores eyes in children" which we have discussed—formidable because its treatment may be tedious, because it may leave complications which interfere with perfect sight, and because there is great danger of contagion. The last occurs directly by means of the secretion, and indirectly by the handkerchiefs and towels of the patient. One child may spread the trouble among an entire class or school. Children thus affected should be kept at home and thus the danger of contagion lessened; they should be instructed in regard to this danger.

It is the contagiousness of this disease of the lids which has caused the enactment of a law in New York, and in some other States, providing for the regular and periodic inspection of children in public and private asylums and institution, and imposing a penalty in the form of a fine for the admission of any child who is suffer-

ing from contagious eye-disease. This is a very wise provision, and has already made the occurrence of epi-

demics of eye-troubles in such institutions much less frequent than formerly.

“Sniffles.”

There is no affection more common in infancy, nor is there one which is treated with such little thought and care, as acute coryza, which is another name for “cold in the head” or “sniffles.” It is poorly understood by the majority of the laity to what ends this condition may bring one, and our object will have been fully attained should we succeed in making this clear to those who may read these lines.

A cold in itself appears a very slight trouble, indeed, at first sight, and were this all of the matter it could not be considered a mischief-making disease, but it leaves in its wake, unfortunately, a predisposition to repeated attacks, which lead frequently to chronic troubles, so common in the adult, and of which it is so difficult to effect a perfect cure. These conditions will be detailed at greater length in another part of the paper.

Anatomy of the Nose and Ear.

In order to clearly understand the dangers of this affection it will be necessary to know something about the anatomy or construction of the parts adjacent to the nose. In the first place, every one knows that the nasal cavities are two in number, and are divided one from the other by the nasal septum, a partition which extends from the nasal opening or nostrils to the back part of the nasal cavities. These cavities connect with the

pharynx, which is commonly known as the throat, and their main function is to allow the passage of air into the lungs. These cavities are lined with mucous membranes, just like that which is seen within the mouth, but more sensitive and delicate. The ear is composed of three parts, the external ear, the middle ear, and the inner ear, and these are divided from each other by bony and cartilaginous partitions. The external ear is separated from the middle ear by what is familiarly known as the ear drum. The middle ear, a cavity measuring five-twelfths of an inch in depth, that is, from before backward—and at its other diameter about one-quarter of an inch—is filled with air and lined with mucous membrane, which is continuous with that of the pharynx, through a little canal which is termed the Eustachian tube.

It is very apparent from a study of these facts that any inflammation of the mucous membrane of the nose or throat may easily extend up this tube into the cavity of the middle ear, causing pain and other symptoms, a further description of which will be made in its proper place. It is hardly necessary to describe here the inner ear, as the diseases of this portion of the ear will not be referred to; suffice it to say that it is an organ of wonderfully intricate and delicate mechanism,

serving to transform the vibrations imparted to it into sensations which are received by the brain and there interpreted into their true meaning.

Causes of Sniffles.

When we turn to the study of the influences entering into the cause of this affection, we find that the most frequent one is a sudden chilling of the surface of the body, which may be occasioned in various ways, such as insufficient clothing, going from a hot into a cold room, or getting the feet wet. We have known cases where the habit of kicking off the bed clothing has been a fruitful cause in the production of sniffles. How do these influences operate? The surface being chilled, the blood is driven back into the internal parts, inducing there a congestion, which is the first stage of inflammation. The mucous membrane of the nose, being one of the most sensitive internal parts, suffers first.

To these causes above enumerated may be added the too infrequent changing of soiled napkins, and causes of a different character, the putting of bits of paper, of cherry stones, shoe buttons, pebbles and the like, up the nostrils, which cause symptoms resembling cold in the head and which continue until the foreign bodies are removed.

Symptoms.

This affection is generally ushered in by a slight chill, accompanied by some fever. Immediately the conjunctiva becomes congested and there is an increase in the flow of tears. This is followed by difficulty in breathing through the nostrils and a watery discharge from them. This discharge

is irritating, and when it flows down upon the skin surrounding the nostrils causes pain, so that the natural tendency is to sniff it back again. In this is found the origin of the name "sniffles."

The difficulty in breathing is one of the first symptoms, and is the result of an anatomical peculiarity of the nasal cavities of the child which has recently been brought to light by Kohts and Lorent, who found that the lateral walls of these cavities are much closer together in childhood than in maturity. The inflammation of the mucous membrane, which is the condition existing in colds, causes the parts to swell, and they have but to enlarge a very little before the avenues are entirely closed. What is the consequence of this occlusion? The breathing must progress through the mouth. This offers no disadvantage until the child attempts to feed, when after a brief effort it falls back gasping for breath. Again another attempt is made and is only successful while the child is able to hold his breath. It will be very readily seen that this condition will exist but a short time before the result of improper nutrition will begin to make its appearance.

In a few days the secretion changes to a yellow color and becomes thick. This may find its way back into the throat, causing coughing and vomiting. We may add to these symptoms, ringing in the ears, dullness of hearing, earache, and if the inflammation should extend up the Eustachian tubes, which have been above described, into the middle ear; there may be great pain, increased fever,

restlessness, and depression, and this condition may end in suppuration with consequent perforation of the ear drum, and a discharge of pus externally. The symptoms of a simple cold usually last a week to ten days and then end in recovery—but there is left behind a tendency to “catch cold” easily.

Results of Improper Care of Colds.

If the acute cold is not properly treated, and is allowed to continue for weeks, or if the child takes cold frequently as a result of improper hygiene, then follow what are known as subacute and chronic conditions, and it is these which are so often the wreckers of the comfort and happiness in the future life of the infant. What are the evil consequences? The mucous membrane, on account of the frequency of the inflammatory condition, becomes chronically thickened and swollen, and there results a permanent difficulty in breathing. Besides the obstruction thus occasioned may be mentioned that caused by enlargement of the bones of the nose, and the presence of polypi, which are excrescences from the mucous membrane. Nor are these by any means all of the serious results. The mucous membrane of the Eustachian tube becoming congested, and swollen, closes this canal and thus prevents air from passing into the ear, the presence there of which is an absolute necessity to perfect hearing. Or the trouble may extend into the ear, causing thickening and stiffness of the fine mechanism of hearing, with resulting permanent impairment of hearing.

We will but briefly refer to that incur-

able affection, a result of repeated ill-treated attacks of coryza, namely, acute trophic rhinitis. This is a condition in which the normal glands and membranes of the nose atrophy and waste away, the worst feature being that it is impossible that they can ever be replaced. The symptoms of this disorder are unpleasant odor, loss of sense of smell, and a dry, scaly discharge.

Treatment.

Ziemssen says, in a work on this subject, “Many physicians regard a subacute or chronic nasal catarrh of a child as an ailment that is neither worthy of nor amenable to treatment.” Physicians we are sure have long ago become cognizant of the due consequences which may follow this simple affection, and it is our hope to impress it here, upon the minds of mothers, who have it in their power to save their little ones from these untoward results of what appears to them an unimportant disease.

It is obvious, in the first place, that it is of greatest importance to use every effort to *prevent* taking cold. The first injunction is, that wool should be worn next to the skin. This is the material which best permits the normal functions of the skin to progress. The same thickness of underwear should be used the year around, the change in protection being made in the external apparel. The head covering should be light and well ventilated, so as to allow the escape of heat. Cold baths should be taken every morning in a warm room and the skin should be rubbed until ruddy and warm. Sudden exposure to cold

should be avoided, and the child should never lie in the way of a draught.

Let us now study the treatment of the disease itself. The cardinal principle is cleanliness. Keep the nasal cavities clear, and do not allow the secretions to accumulate around the nostrils. The cavities should be sprayed out three or four times a day with bland antiseptic solutions. The simplest of these is one of common salt, which is not only cleansing but soothing to the mucous membrane. The best solution, however, is a combination of listerine, borax, glycerine and water. Solutions of tannin, sulphate of zinc or nitrate of silver should be reserved for the subacute affection.

The difficulty in feeding must be at once combated by spoon-feeding, which must be done regularly, for it is impossible in any other way for a

child at the breast to receive proper nourishment. The temperature of the room should be about 70 to 75 degrees, and fluctuation from these temperatures should be avoided. A dose of castor oil at the onset of an attack often lessens its severity and has a beneficial influence on the course of the disease, especially if there be any tendency toward constipation. For the chronic affection other more powerful means must be used, and these should be left to the skill of the physician.

In conclusion, let us again emphasize the vast importance that such conditions as we have above described be treated in their incipency, since not only are they so much more amenable to treatment then, but the unpleasant and pernicious consequences may be more easily avoided.

Nursery Problems.

Queries on Sundry Topics.

To the Editor of BABYHOOD:

My baby boy is thirteen months old; has eleven teeth; walks with help; says a few words; except for an attack of indigestion in August, has always been well, and is called a remarkably "good" child. In attempting to wean him I meet with difficulties which, with your valued advice, I hope to overcome. The three teeth which were cut last are double, and are not yet entirely free from the gum, although the first one of this group appeared six weeks ago. The fourth is now causing much swelling and considerable fretfulness, and the forms of the "eye-teeth" are plainly visible. As he has been fed exclusively from the breast, never having tasted any other food, I planned to wean him by degrees, giving at

first one meal a day of the new food, substituting it gradually for the breast. By trial, I find that he takes just as little as possible of the food, making up for quantity at the next regular nursing period.

(1) While these teeth are in process of eruption would you advise withholding the breast altogether, thus forcing him to take the food preparation? This has consisted of top milk and barley water, half and half. I omitted sugar, fearing it would cause sour stomach. It seems to have digested well, but he certainly does not like the taste of it.

(2) Will it be best to sterilize the milk, either during the coming winter or the following summer?

(3) How long should he be given an exclusively milk diet?

(4) What should follow this? He is

very methodical and his "time-table" is now as follows: 5:30 a. m., nurses and sleeps again; 6:30 a. m., awakens; 8:30 a. m., is bathed; 8:45 a. m., nurses; 9 to 11 a. m., sleeps; 12:15 p. m. is fed; 1:30 to 3 p. m. sleeps; 3:30 p. m., nurses; 6:45 p. m. nurses and goes to bed; 10:15 p. m., nurses.

(5) How long will it be necessary to continue the 5:30 a. m. and the 10:15 p. m. feedings?

(6) What will then be the proper interval of feeding?

(7) At what hour will he first need nourishment in the morning?

(8) How much food should be given at one feeding after he is entirely weaned?

(9) Of late he seems inclined to take a longer morning nap and omit that of the afternoon, but if he be indulged in this he grows fretful and sleepy before bedtime. How long can I reasonably expect him to take two naps a day, and if there is to be a change, what will then be a good schedule, considering intervals of feeding as well?

(10) He is an excitable child, and at times during the eruption of his teeth seems very nervous. What can I do to strengthen them for the trial which may come with the "stomach" and "eye" teeth? He has always been kept as quiet as possible.

(11) I should like him to wear silk shirts and hose this winter if they are as good a protection as wool. Would it be safe to use the silk, considering the fact that he has been wearing wool of light weight for more than a month?

A. G. M.

(1) No. The child has, perhaps, been nursed too long, but the period of eruption of teeth is not a good one for weaning, unless of necessity. There will probably be a pause between the molars and the eye teeth, but, if not, we should continue to let him have the breast sometimes, unless some urgent reason for weaning appears. We think that a little sugar, sugar of milk or white granulated sugar can be added without harm. If

they ferment, pure glycerine sometimes adds the desired sweet taste, and does not usually disagree. The taste of breast milk is decidedly sweet and the child may miss it.

(2) In cold weather it will probably not be necessary, and even next summer it may not be, provided you have a fresh milk supply. But in every case where there is doubt it is better to sterilize at low temperature (by a pasteurizer, for instance) than to take any risk.

(3) Only till after he has finished the cutting of these teeth now coming (molars and canines).

(4) Cereals, such as barley water and oatmeal gruel; bread, the crust only; then a little broth—mutton, beef or chicken—with rice or barley cooked in it; blood gravy on bread, and porridge of oatmeal or grits after he has learned to chew, and so on.

(5) They can be stopped at any time after he has taken reasonable meals of prepared food. The breast milk at this age is probably not rich enough to justify cutting him down until he has something to supply its place.

(6) About three to three and a half hours during the day and at night nothing.

(7) It depends on his waking, soon after which he will want food. Usually, the schedule will be something like this: 6 and 9 A. M., 12, 3 and 6 P. M., varying a little to suit the case. If you were obliged to begin at 5 you could follow at 8:30 A. M., 12, 3:30 and 7 P. M., or something like that. The exact schedule is of less importance than regularity one day with another.

(8) Probably 8 ounces of liquid food, *i. e.*, milk somewhat diluted at first and soon approaching pure milk. The other articles of food at first will be given in very small quantity; as more is given it may to some extent replace the milk. When broth is given, it takes the place of milk. There is no hard and fast rule. Children vary, like adults, in appetite and need of food. Suggestions such as we make must be averages.

(9) We do not know; probably not many months. But we consider the naps of great value and think you should do what you can to continue them, such as quieting any excitement from play, company, change of usual surroundings or what not, some little time before the hour of nap arrives. The schedule you can easily plan according to your special needs. We dislike cast-iron ones.

(10) Keep him, as nearly as you can, in his ordinary condition. The only trial, so far as we know, from cutting the canines, comes, not from any especial difficulty in cutting those teeth, but from the fact that children are usually already weaned and are being subjected to unwise feeding or dietetic experiments at that time. When the digestion is cared for, we do not expect any more trouble with the canines than with other teeth.

(11) He can have silk ones, if heavy enough. Silk and wool are not so very different in protecting, weight for weight. But a silk gauze or open network will not take the place of a warm flannel. We do not know of any advantage that silk has for baby wear; articles that we usually see are

made entirely with an assumed æsthetic rather than hygienic purpose.

A Late Morning Bath.

To the Editor of BABYHOOD:

Will you kindly tell me through your columns whether a sponge bath daily is too often for my active little girl of twenty-one months? She eats a good breakfast at eight o'clock; then rides in her carriage on pleasant mornings until ten, when she comes in, has a quick sponge bath and goes to bed with a bottle of milk, sleeping all the forenoon. Persons have advised me, as she is not a very strong child, to discontinue the daily bath. Would you think it too much after her ride? PRISCILLA C.

You do not mention the temperature of the sponge bath, but, assuming that it is the ordinary tepid bath, we see no harm in it on general principles. No evidence is given or suggested to show that it is not agreeing with the child.

Contamination of Well Water by Disinfectants.

To the Editor of BABYHOOD:

In following the directions for disinfection of the soil in cess-pools, cellar floors, outhouses, etc., mainly with a view to prevent contamination of the water of a well not far off, it has occurred to me to ask whether there is not danger that the copperas, carbolic acid, etc., may themselves become source of contamination? We certainly would not pour them *into* the well, yet are we not risking their getting there through the soil? Fortunately, the well in question is not now in use, but it is liable to be in the future, hence our inquiry.

C. M.

The question is not clear. The soil in cellars and outhouses should not be contaminated with anything that good airing and draining should not remove

or purify. If there has been spilt in these places the poison of any special disease or discharges, supposed to contain such, then the danger from such a disinfectant as copperas or chloride of lime would probably be less than that from the infected discharges. But if there is any probability of infection of the well or its sources and supply, the water should, if possible, not be used for a long time, but the well should be frequently pumped out and its contents carried away to a distance. If it be really necessary to use the water it should be thoroughly boiled and filtered before using. As to the soil of the cess-pool, we can only say that no leaking cess-pool should be allowed to exist near to a well. If the cess-pool is cemented and emptied periodically, or automatically by siphon from time to time, then disinfectants may properly be thrown into the cess-pool, as they will be removed with the other contents. There would, of course—to answer your question explicitly—be some danger that the sulphate of iron or the carbolic acid might be found in the well water: to what degree would depend upon the amount used, the distance of the well, the nature of the intervening soil, etc. Whether the amount in the water would be dangerous or not would depend upon these same factors. We think that any dangerous amount of carbolic acid could probably be detected by smell, and we think that taste would recognize any harmful amount. But, as we said in the beginning, water liable to such contamination should not be used.

Too Sudden Weaning.

I.

To the Editor of BABYHOOD:

My son is ten months old. My milk nourished him sufficiently for seven months, and I have been giving him a food through the day and nursing him twice through the night for three months. He sickened of the food, and I changed his nourishment to sterilize milk; to 1 quart of milk a large cup of water, 2 ounces of milk sugar, and a large pinch of salt. He took this well for two days, when he threw it up in large curds. He now refuses it and takes the food again.

Would you advise peptonized milk? Should I dilute the milk more? Please give me a plan for his diet, as he will soon tire of the food.

MOTHER.

The vomiting was probably due to the sudden change in the amount of albuminoids (casein, etc.) given to the child. Milk is more watery if drawn only at long intervals—in this case only at night. Even at its full strength the breast milk is far below cow's milk in proportion of albuminoids. The food you mention owes its digestibility to its low proportion of albuminoids when diluted as is usual—say, 1 to 10. To change suddenly from these two forms of nourishment to nearly pure milk is very abrupt. The amount of sugar, too, is rather larger than necessary to make good the sugar of milk in an equal bulk of breast milk. An ounce and a half would be enough. But we do not know that the excess has done harm, although it may have increased the tendency to vomiting. If you try milk again we would suggest that you use at least as much water as milk at the start, and preferably barley water.

We see no reason for peptonizing

the milk until you have tried a food properly diluted without peptonizing.

II.

To the Editor of BABYHOOD:

Having had an unusual experience during the past week with my little boy who will be one year old this month, I write you to learn what mistake I have made and what course to pursue hereafter.

My child has had a wet-nurse since birth, and on Monday last I determined to wean him, depriving him entirely of the breast, and giving him plain boiled milk. When the baby refused this I resorted to prepared barley and milk; but for two days and three nights he swallowed but a few mouthfuls of either, continually growing weaker. I finally gave him some brandy and water, to sustain his strength. He partook sparingly of the latter, but his condition became so serious by Thursday morning that we were forced to resume giving him the breast, which we were fortunately able to do.

Kindly let me know whether and when it is advisable again to attempt to give him boiled milk, which is evidently repulsive to him, or what substitute I should use.

R. G. L.

You have perhaps escaped a still more serious experience through the baby's refusal to accept so radical a change of diet. In answer to "Mother" we have just explained why the stomach accustomed to breast milk—in this case probably abnormally thin from the age of the breast—should be unwilling to accept pure cow's milk, especially if it have the pronounced taste that comes from boiling. The child would very likely have been made ill by such a diet. You should certainly make your weaning in the case of such a child as yours under the explicit directions of your physician.

Variety in Food.

To the Editor of BABYHOOD:

I have a little boy nineteen months old, and I would like to get your advice about his diet. He is perfectly well and strong and has all of his teeth except the second molars. His frame is small, but he is very fat and seems stronger than most children of his age. What I want to know is, do I give him the proper food? Our physician recommended malted milk when I was obliged to wean him on account of sickness, and we gave him that from March until September. Then I gave him cow's milk sterilized, for a few weeks, but now he takes it unsterilized with a little sugar added. He has four bottles daily, and each time drinks about three-quarters of a pint. He also occasionally eats a very little oatmeal, but does not like it much. He eats beef when we can get it from town, and mashed potatoes, but he doesn't seem to want to eat.

(1) Would you advise me to keep on with his diet as it is, or must I sterilize the milk?

(2) Would you advise me to wean him from the bottle altogether.

A SUBSCRIBER.

(1) There is no reason, if you get it fresh and pure, why the milk should be sterilized in cool weather. You are familiar with the proper care of milk. Nor do we know why any sugar should be added. It may do him no harm, but as a rule sugar is undesirable after a child is old enough to take pure milk. When we dilute cow's milk to diminish the proportion of casein, we add sugar to regain the proportion of sugar which we did not wish to diminish.

(2) We think so. Teach him to drink slowly. The only advantage at his age that a bottle has, is the prevention of too hasty swallowing of the milk.

We may further say that we think that he is old enough to vary his diet. He can have, instead of milk, once a day, a cup full of good broth—mutton, beef or chicken—with stale bread and butter or cracker. These latter articles he would better learn to eat, chewing slowly, and they may be given more than once a day. When you give the beef, cut it very fine, or scrape it. The oatmeal with milk or cream is very good for the first meal of the day. The mashed potato may be allowed if he has good digestion. It should be a roasted or baked potato, mashed with a fork so as to finely pulverize it, and sprinkled with salt. It is better not to put butter upon it. If you have "platter" or "blood" gravy from beef or mutton, a little may be poured over the potato.

Lime Water in Sterilized Milk.

To the Editor of BABYHOOD:

I should like to ask one or two questions about the sterilization of cow's milk. I have read the various articles carefully, but one or two things I hardly understand.

(1) When should the lime water be added? I use a patent sterilizer with the rubber corks and glass stoppers. The directions say to boil ten minutes with the rubber corks in, then to insert the glass stoppers and boil ten minutes more, and not to uncork a bottle until ready for use. The lime water I put in each bottle, as I uncork it for use. I know of several who pour the milk out of the bottles after sterilizing, cool, add the lime water, and then pour back in the bottles and cork them. Which way do you consider correct? My idea has been that the milk should not be exposed to the air after the glass stoppers are put in until it is given to the child.

(2) Should the milk itself boil?

M. M. B.

(1) If the milk be sterilized as usual

in a sterilizer the lime water is best added after the steaming, just before the cork or stopper is put into the bottle. If put in before the sterilizing a brown color ensues, at least often does so. With the perforated cork system used as you are doing, it is probably necessary to put in the lime water at the start or at the time of using as you are now doing. We should prefer your way. To pour the milk out, and pour it back again, is to invite the troubles which sterilizing is meant to guard against.

(2) No. We prefer, indeed, to use steam to boiling water, and, for ordinary use, we prefer the immersion in water that has been just boiled, as described in a recent number of *BABYHOOD*. This process of sterilization at low temperature has received the name of pasteurization.

Coated Tongue.

To the Editor of BABYHOOD:

Can you give me any clue as to what form of indigestion a tongue covered with alternately red and white patches belongs? It is almost always so, more pronounced in the morning. Grating her teeth, swallowing, sudden startings in her sleep are more or less present in the case of my little girl. She always has a good even appetite for her three meals three times a day. Her bowels are regular, but such a tongue cannot be natural and there must be some cause for it. Trivial in itself, it seems a signal that something is wrong, and it seems to me that at five years of age, with the care she has had, her stomach ought to begin to be in perfect health.

Will you kindly give me a dietary for a child of her age. Variety for the meals is difficult, I find, and so little is said about children as old as she, who are supposed to "eat everything," according to the advice of the neighborhood. H. W. L.

It is by no means certain that such a tongue is due to the condition of the stomach at all. If it represented a catarrhal stomach trouble we should not expect such uniformly good appetite and regularity of the bowels. There are various disorders of the mucous membrane of the tongue itself (the familiar sprue is one you probably have seen) and your child may have one of them. Have you ever shown the tongue to a physician familiar with such things? We would suggest that you do so.

Some good dietaries were given in a recent number, and you will find more in the present one.

Sterilization.

To the Editor of BABYHOOD:

Do you recommend in all cases to sterilize milk for baby's use?

Describe how milk is sterilized, and mention a few of what are considered the best sterilizers.

A SUBSCRIBER.

We do not; but, as a rule, whenever any uncertainty exists as to the quality and cleanliness of the milk (and in practice this doubt always is present in connection with commercial milk), we think it better to sterilize. Sterilization has its disadvantages, but the balance of advantages is in its favor.

Sterilization is simply accomplished by heat. Boiled milk is sterilized, but the boiling heat is not necessary. Milk heated to 165 or 170 degrees F. in a double boiler or farina kettle, and poured into perfectly clean bottles which have lain in boiling water would serve all ordinary requirements of sterilization. But the sterilizers sold as such are arranged so that the

milk can be sterilized by the use of steam or of hot water in the bottles in which it can be kept, and from which it is to be given to the infants.

Questions Concerning Feeding; Possible St. Vitus' Dance; Want of Symmetry.

To the Editor of BABYHOOD:

(1) I have two babies, the older is a boy of two years and five months, and weighs thirty-four pounds. He was almost at death's door all last summer, suffered from indigestion, and could not take milk at all. He now drinks a pint of milk each day; is that a sufficient quantity? Should I sterilize it? What diet would you suggest as likely to agree with him?

(2) He has a way of twitching his mouth to the left side, some days does it very often, then I do not notice it for several days in succession. Does this indicate nervousness? Is it a symptom that should cause alarm?

(3) When he was three months old he had an eruption on the cheeks and head which the attending physician called "milk crust"; it disappeared after the use of a blood-purifier; now, for the past two or three months, there has been an eruption on the front of his leg which seemed to itch, as he scratches it constantly. What can I do for this?

(4) One side of the face, one cheek, appears fuller than the other. Can I correct this by laying him on the opposite side? On which side should he lie to develop the smaller side?

(5) My younger baby is a girl of nine months, has three teeth, and another almost through, is very playful and appears to be in perfect health, but is, and has, always been very wakeful and restless at night; is pale and seems to crave food, bread, rice, etc. Would you advise me to nurse her? Or should I feed her in addition to nursing her. How often should she be fed or nursed.

A. P.

(1) We shall not be able to answer your questions with definiteness for want of definite information.

Your little boy weighs as much as the average of his age, which gives a presumption that he is sufficiently well nourished. We infer that the pint of milk is not his entire food, only a part. But as nothing is said regarding what his other diet is, we cannot tell you if it is right or not. The diet of a child between two and three years of age always includes a good deal of milk, usually some plain soups or broths, stale bread and butter, cereals, such as oatmeal or wheat mushes, eggs soft boiled, or a small piece of underdone beef or mutton very finely cut or scraped, once a day, and if the digestion is good, baked potato or rice. Just which and how much your child can take we do not know. You will find in the last number some suggestions for dinners. The milk need not be sterilized if you can get it very fresh and pure.

(2) This is probably a suggestion of chorea (popularly called 'St. Vitus' dance). Possibly, however, it may be excited by the irritation of a coming tooth.

(3) The milk crust was doubtless eczema and the other eruption is probably the same. If you have many back numbers you will find something on the subject. But you can do little for it except by the advice of a physician.

(4) You would better find out if possible what is the cause of the want of symmetry. It is doubtful if at his age he has any disorder that could be modified by pressure in lying.

(5) Very likely she is not fully nourished, and probably she would be the better for some food (liquid food, of course, such as cow's milk and

water) in addition to the breast, with complete weaning by or before she is a year old. Five meals in twenty-four hours will probably be enough.

Unnecessary Sweetening of Cereals.

To the Editor of BABYHOOD:

(1) My boy at three years weighed 36 lbs. and stood 36 inches in his shoes. Is he undersized.

(2) He is not a hearty eater, objects to meat, and does not care for cake or sweetmeats. He is very fond of fruit and crackers. He eats no vegetables but potatoes, but makes two meals on the cereals eaten with sugar and cream. His dinner is broth or soup with potatoes, but he will eat very little bread. His meals are taken at 7:30, 12:55, 5:55. He drinks a cup of milk at bedtime, 6 o'clock, he asks for lunch at 10:55 and 3:55. I often deny him food, thinking he may eat more at meal-times.

Is he sufficiently nourished? Would you advise the lunches of oatmeal or graham crackers?

J. J.

(1) He is not undersized.

(2) We cannot answer, since you do not give amounts. Why does he not drink milk as most children of his age do? You mention but one cup in the day. If the cream be really partly milk and taken in good quantity, it may give him enough albuminoids.

Why are his cereals sweetened? You say he does not care for sweetmeats, and sugar on oatmeal is generally used only as a bribe.

Croup.

To the Editor of BABYHOOD:

Please state for the benefit of a puzzled reader the difference between false croup and real croup. There seems to be much confusion on the subject. Many persons speak of "croup" simply, when evidently false only is meant. Isn't the real croup a very dangerous sickness and false croup a comparatively harmless one? A full

statement of the subject will probably enlighten many readers.

G. R. E.

Any disorder which produces a peculiar change in the sound of the voice and the cough, and which is attended with more or less difficulty of breathing, is called croup. But the kinds usually thought of when the name is used are the catarrhal or "false" croup, and the membranous or "true" croup. The term "spasmodic" croup is applied properly to a spasmodic disease of the larynx (*laryngismus stridulus*, or "child crowing"), but carelessly to the "false" croup mentioned above. The "false" croup is a catarrhal laryngitis and the symptoms are due to the temporary changes in the mucous membrane of the parts. It is, as you suppose, attended with more alarm than real danger. In "true" croup a fibrous membrane forms in the larynx or wind-pipe upon the surface and more or less in the substance of the mucous membrane. This membranous croup is at the present time usually considered to be of diphtheritic origin, and some physicians believe that it always is and always was diphtheritic, but this is a disputed point. This "true" croup is a very dangerous disease. Besides the dangers from obstruction in the larynx and wind-pipe, it entails all the other dangers of diphtheria. The "false" croup is one of the manifestations of a "cold" in some children—called popularly "croupy." It is certainly more likely to occur in improperly fed children.

The term "croupous" is in medical parlance applied to a fibrinous exudation occurring on a mucous membrane in any situation; thus, that type of

pneumonia which has such an exudation is called croupous pneumonia.

Changes in Feeding: Prevention of Colds.

To the Editor of BABYHOOD:

My baby is fifteen months old. From the time she was one year old up to fourteen months she ate four times a day, once in four hours, her food being sterilized milk. I allowed her appetite to govern the amount and more often than not at one feeding she would take sixteen ounces. At fourteen months, while teething, a large number of boils made their appearance on her neck and face. Our physician said I was giving her too much at each feeding. In consequence I began again to give her five meals a day three hours apart, this time giving her twelve ounces at a time. She is looking and feeling better, but I am somewhat anxious because her times of urination are so much more frequent, from five to six times nightly.

(1) How much should a child take at her age at each feeding?

(2) Is there an indication of bladder trouble?

(3) What can I do to prevent her from taking cold? I try to be very watchful, but she has had three severe colds, besides croup and tonsillitis in seven weeks. M.

(1) A child at her age rarely takes more than twelve ounces, especially if the milk is undiluted, and we think it quite enough if she has five meals. the total of sixty ounces is but little

(2) Probably not. You mention no sign except frequent wetting, which may be due to some slight irritation, but quite as likely to the cool weather (at the time you wrote) checking perspiration and sending the liquid out through the kidneys. The amount of liquid taken remaining the same, the skin and kidneys always complement each other in this way.

(3) It is quite probable that the series of colds, croup, etc., were parts

of one thing. Granting one cold, the mucous membranes of the nose, throat and larynx could hardly have recovered completely in the time. The best security would be to get the mucous membrane once healed. In a little older child much can be done by the systematic cleansing of the parts by sprays. In so young a child it is difficult to clean anything but the nostrils. Besides the details of clothing, of pure air without undue exposure, the avoidance of overheating and chilling, of street dust and other impurities, all the general hygiene of the nursery tells here.

Possible Causes of Restlessness at Night.

To the Editor of BABYHOOD:

My baby daughter is nine months old, has five teeth, two upper and three lower, weighed at birth eight pounds and at present just seventeen pounds. She does not sleep well, sometimes will lie awake for an hour at a time, being restless and bursting out into fits of very violent crying, when she fights and stiffens herself to such an extent that it is difficult to hold her still. Since she has cried so violently I have found it necessary to walk her at night, a thing which I never did before. Her great wish on first waking is to creep to the side of her crib and try to pull herself on her feet by the bars. That makes the theory of letting her cry herself to sleep impossible, as she gives herself such fearful knocks on the head against the bars of the crib in the dark.

The child does not seem robust, although she ought to be, as both her parents are exceptionally healthy people, both above the average in height. She takes cold on the slightest provocation and is miserable with it, in eyes, nose and throat. I take the greatest care of her. She sleeps in a room whose temperature is from fifty-five to sixty degrees and the nursery is from sixty-five to seventy degrees in the daytime.

Her food is three and a half ounces barley water, three and a half ounces fresh

milk, and one and a half ounces pure, rich cream; this she has every four hours through the day and once at 10 or 11 p. m. The food is pasteurized, the milk being fresh and good. At times she takes the entire quantity and then only a portion. She is very active creeping everywhere she can get to, is not willing to sit still in her little chair or on the floor more than three or four minutes at a time, but wants to be "on the go" all the time. She can pull herself on her feet, but I try not to let her do it.

Could you suggest what the trouble is likely to be? Our doctor has already treated her for slight indigestion with lactopeptine. Would the symptoms seem like worms? She rubs her nose a good deal. is apt to be fretful in the daytime, and often wakes at intervals of half hours through the evening until 9:30 and expects to be turned over and arranged comfortably. She will then go to sleep without being picked up, until 2 to 3 a. m., and then it is difficult to do anything with her.

She is tall, fair and thin, apt to have blue rings around her eyes, which seem unnatural at her age.

A. B. C.

The points that are made out are that the child's weight and teething development are about the average, that she is not thought robust and is very susceptible to catarrhal inflammations (colds); that she is active or restless by day, and a poor sleeper by night. The points which are not made out are those which would be useful in explaining or inferring the cause of the disturbances. Some of these are the following: Are there evidences of irritation from more teeth coming? Frequently this irritation stops short of pain, but expresses itself in excitability and the disturbed sleep. It is not clear to us, however, whether the disturbed sleep is of long duration or, as we infer, rather recent. Another possible cause of the excita-

bility may be discomfort or pain in the ear arising from the catarrhal sore throats.

The food is mentioned, but not how it is digested, except that the physician has treated her for indigestion, nor whether she is constipated or flatulent or neither. Nor is it mentioned whether thirst seems to be to her a source of discomfort at night. When there is a tendency to catarrhal troubles, and especially if the child sleeps with the mouth open, the ordinary tendency to thirst is exaggerated. Lastly, the cause may be—whether from pain in any situation, indigestion, cold feet, wet napkins or what not—dreams which frighten and waken the child. The fighting and stiffening suggests fright, although they are not always due to this cause, but the nightmare, if it exists, is generally secondary to some other irritation. The worm theory we do not consider, because the rubbing of the nose is not a symptom of worms in particular. It is true that with catarrhal irritation of the digestive tract children sometimes pick the nose. It is also true that occasionally a child with such a condition may have worms, but in our judgment it is far more often true that the symptoms depend upon the catarrhal trouble than upon the worms. Again, catarrhal nasal trouble, either with discharge or dry, causes an irritation that excites rubbing of the nose. So does irritation in the gums. It would help you or your physician to eliminate some doubts if the temperature were taken during one of those nocturnal fits of crying.

We have not told you why the baby

is disturbed, but we have told you of several directions in which you can profitably look for facts to lay before your physician.

Condensed Reply.

Old Subscriber, Philadelphia.—In the nature of things, we cannot undertake to communicate by letter with those subscribers who ask questions. We have no trace of your former questions, but as to the present ones, they would, if printed, occupy about a page and a half of our magazine. Moreover, they cover ground that has been gone over again and again in *BABYHOOD*. We have on hand, it is safe to say, about fifty inquiries of a similar nature. You can easily understand, therefore, why we cannot print any letters on a subject which is not of some interest to the majority of our subscribers. As an intelligent reader of our journal, you will have no difficulty in obtaining from our bound volumes such advice as seems to fit your case. *BABYHOOD* can, as a rule, offer only general instructions, and occasionally, when the subject is deemed of sufficient importance, and our space permits of it, some definite hints. If the matter appears urgent to you, your family physician ought to be sent for without delay. No periodical can assume his functions.

F. O. S., Pottsville, Pa.—It would appear that your surroundings were satisfactory and not responsible for the catarrhal tendency. Such a tendency undoubtedly is caused by or aggravated by heredity. But very much also depends upon exciting causes. Let us take up the conditions as you put them: Catarrh—that is, nasal or

throat catarrh; earache, doubtless dependent upon extension of the catarrhal inflammation from the throat through the Eustachian tube to the middle ear; croupy cough, dependent upon catarrhal laryngitis, also usually an extension from the pharynx. So the whole comes back to the nose or throat catarrh. Now, the commonest cause of this trouble in its chronic or recurring form is an enlargement of the glandular body in the posterior nasal cavity, known as the "third tonsil" or as an "adenoid." Catarrhal conditions exist with any such enlargement, but if the latter be present, success in treatment of the catarrh will hardly be gained without the removal of this mass. Such removal is the first and most efficient local remedy.

P., Junction City, Kan.—A loose girdle for warmth is proper enough when needed. The old ladies' theory is that a tight binder prevents rupture. So long as a dressing is needed upon an unhealed navel, a binder is convenient to retain the dressing; but a tight binder actually favors the production of rupture in the lower part of the abdomen.

L. S., Hutchinson, Minn.—In winter, if the child's skin "chaps," that is, becomes rough and perhaps cracks, be careful about the use of water. It is better to let the hands go dirty than to wash them too often. When they are washed great care should be used in drying them. Dry them upon two towels, and before a fire or an open register. Have the hands covered by gloves when the child goes out. If the face chaps, use the same care in

drying the skin, and protect it, when going out-doors, with some corn starch powder or a little cold-cream ointment.

T., Laramie, Wyo.—There are many varieties of sore throat; their various characteristics can only be properly distinguished by a physician. They are all liable to be insidious and treacherous, beginning mildly and ending disastrously. The chronic, mild type is one of the most common and one that is apt to receive little attention. It may be caused by constant colds, changes in temperature, impure or damp air, or digestive disturbances.

F. R., New Orleans, La.—You do not say why you anticipate bow-legs. The commonest cause of bow-legs is rickets—a disease characterized by deformities of the bone due to deficiency of phosphate of lime in the bones. Your letter fails to give any evidence of the existence of rickets, except a vague fear that your daughter is not as strong in her legs as she might be. This, however, seems contradicted by your statement that she has been walking since she was a year old and is unusually active. Bow-legs is generally preceded by the other well-known evidences of rickets.

D. R., Lansing, Mich.—By far the greatest number of limps among children come from inflammation in one of the large joints, the hip, knee or ankle, or in the ends of the bones composing them. This inflammation is not acute, like that caused by a blow or severe injury, but is chronic, and is produced by the action of a

tiny microscopical being called a bacillus.

E. F., La Crosse, Wis.—The way to tell how much a baby gets from the breast is to weigh it before and after nursing. The number of ounces gained represents approximately the weight of the milk. This fact, as well as the quality of milk, needs to be known, as also the strength of the eight-ounce mixture of malted milk, before an opinion can be expressed as to whether the child gets enough to eat. But if the child is contented and makes steady gains it may be so assumed. His four teeth and his desire to stand suggest good nutrition.

An Old Subscriber, Chicago.—The fact that your child's weight is up to the average for her age is presumptive evidence that she has enough food, and nothing is mentioned that shows that the kind of food is not suitable. As she wishes to drink we think she should be allowed to do so. Much of the spilling can be preventing by getting a cup with a spout, such as is used for feeding the sick. Nurse or feed her at your bed-time, and then let her go until early morning, say five or six o'clock, according to her waking, when your night's rest will probably have filled your breasts. If she learns to drink well, she can take probably half a pint at a meal, and later more.

G., Hopkinsville, Ky.—Local applications, except of the gum lancet, are of small value in reality. The relief is of very short duration, and a given amount of paregoric, for instance, would be of very much greater

effect, if given internally, than if rubbed upon the gums.

M., St. Paul, Minn.—Children should be guarded against overheated rooms, especially at night. Plenty of warm clothing, baths and an abundance of fresh air are the best preventives of sore throat or cold of any kind. The underclothing worn next the skin should be of wool both summer and winter. The gauze can be worn in summer, which is really cooler than cotton, as it absorbs the perspiration, which cotton will not do.

S. S., Manhattan.—When croup occurs, it should be treated first of all by an emetic. Syrup of ipecac is the easiest taken, a teaspoonful every fifteen or twenty minutes to a child three years of age or over until vomiting occurs. Alum and molasses or simply warm salt water are efficient. More severe remedies should be left to the physician who understands their action. At the same time a hot foot bath, with a little mustard in it, should be given, and hot fomentations should be applied to the throat. The next day the child should be kept indoors, especially if the weather is damp.

E. O., Kansas City, Kan.—We do not know of course why he does not sleep. But he is getting at least seven meals a day and is very heavy for his age, as much as the average of ten months; hence we presume that his wakefulness is due to overfeeding. He can doubtless drop the 2 A. M. meal with advantage, and possibly another.

R. L., Michigan City, Ind.—The treatment of tape worm is rather beyond domestic treatment. If your

physician is still ill it would be wiser for you to consult another one, rather than attempt to treat the case yourself.

F. R., Nashville, Tenn.—In diphtheria nourishment must be carefully and systematically kept up, with the not infrequent addition of stimulants, under the physician's direction. Perhaps in no other acute disease, certainly in none so common, is constant nourishment so absolutely essential in order to successfully combat the poisonous blood changes.

F. M., Goldsboro, N. C.—The signs that the milk of a breast is no longer equal (either in quantity or quality, or in both) to the needs of the child are a diminution of increase in weight, softness of flesh, paleness, clamor for more prolonged or more frequent sucklings, and the like. During the early months a gain of a half a pound a week may be accepted as evidence of decidedly good nutrition, provided the flesh be firm and the color good. After five or six months this can hardly be expected. The gain will be less and vary somewhat. But a sudden, material lessening of the rate of gain should always be looked upon with suspicion, and if it persists more than a week or two the condition of the breast should be investigated, and usually a need of additional food will be discovered. We approve of the gradual method of increasing the food, provided it appears that the breast is still valuable to a considerable degree. Often it proves of so little value that rapid substitution of artificial food is necessary, the breast serving only to amuse or quiet the child at night.

B. F., Des Moines, Iowa.—The ex-

act time will vary with children. Two good naps, one in the forenoon and one in the afternoon he certainly should have, and more if he can be gotten to take them.

T. R., Fredericksburg, Va.—That form of nutriment that is suited to his digestion and needs is the best. The choice of this food will be best made by the physician who has treated his recent ailment.

W. L., Hancock, Mich.—While quinine is in many ways—to some more than to others—a remedy of very disagreeable action, yet it and the kindred alkaloids associated with it in Peruvian bark are, far and away, the best remedies we have against malarial fevers. Yet the bark and its derivatives sometimes fail, for reasons not easy to understand. The remedies next in esteem are arsenic, Warburg's tincture, blue gum, probably in about the order named. It is very difficult in many cases to break up a malarial fever while the patient remains in the region where the disease has been acquired. But patience with the treatment will probably effect a cure.

W. E., Lancaster, Pa.—It is often well to wean gradually, giving the artificial food during the day, and allowing the child to take the breast during the night; but this gradual process should not last more than a week or ten days. The gradual method favors the removal of the milk from the breast, as well as the change for the child. It enables the mother to use the means to dry up the milk, without the use of a breast pump. If weaning is carried out suddenly, it may result in a good deal of vigor-

ous kicking and screaming from the infant, as well as pain and soreness of the breasts for the mother. She should always bandage the breasts firmly with a soft towel, to favor the pressing out of the milk, and to support the breast, and aid it to contract to its normal condition.

O. S., Hannibal, Mo.—The objection to the potato is that it is given too early. To be useful as a part of food it must be thoroughly broken up. This is very difficult if the potato is not a very mealy one, and then only if it be baked. Further, it should be very thoroughly chewed, which means both cut up by the teeth and mixed with saliva. Children under two (and usually under three) years are poor chewers. Our own preference, therefore, is not to give it, save in exceptional cases, before two years. Then the potatoes should be of selected quality, well baked, finely broken up with a fork and salted, not buttered, but taken up as little matted together as possible. In our past volumes you will find frequent discussions of these points.

F. L., Middlebury, Vt.—Ordinarily the other four incisor (front) teeth should follow, then after an interval of rest the first grinders, and after another interval the canine teeth ("eye and stomach teeth") which come behind the front teeth and in front of the grinders.

D., Natchez, Miss.—Let the child do as he pleases; that is to say, do not put him on his feet, but if he tries to get there he probably is strong enough to do it without harm.

D. B., Brooklyn, N. Y.—A quarter of a pound per week is fair gain for the first month or two, but it often reaches half a pound weekly for this period. By the age of four months the gain is slackening, being usually not much above a quarter of a pound per week. The average weight at that age will be about 12, sometimes 14 or more pounds, but the weight at four months, owing to the progressive retardation of growth, is on the average fully half what it will be at one year. Thus a child who weighs 14 pounds at four months, cannot be expected to weigh above 25 pounds at twelve months, if so much; and the weight at one year will not on the average be again doubled before the eighth year is reached.

P. D., Hartford, Wis.—A red-hot iron stove in a small room will almost certainly excite colds among the inmates. For as air is heated it craves more moisture and will take it, not only from the furniture and woodwork of the room, leaving them cracked and loose-jointed, but also from the breathing surfaces of any one who may be in the room. The nostrils, the throat, the eyes and ears likewise, become dry, uncomfortable and eventually inflamed; while the skin, deprived of its natural moisture, is unable to bear exposure to even moderate cold. This overdryness of the atmosphere may be corrected by placing a broad-mouthed, shallow vessel of water on the stove. The hot air will drink from this vessel or will be moistened by the rising steam, the breathing passages of the inmates will recover their natural condition, and the skin, now soft and

healthy, will again be fit to meet and overcome any vicissitudes of weather to which it may be exposed.

B., Las Vegas, N. Mex.—We are not sure of what you mean by "biliousness." This popular term is made to cover many conditions. The condition which we have in mind under that name is not common in infants. If you mean a deranged state of the stomach and intestines, we should say that a proper food would be the best preventive.

L. S., Joplin, Mo.—There are several known causes, the chief are over-formation of the ear-wax and a changed composition of it due usually to inflammations of the ear. The only preventive we know of is to keep the ear and throat in a healthy condition. The removal of an accumulation is accom-

plished by mechanical means. Probably for domestic practice the safest way is to soften the mass by keeping a little sweet oil in the ear for a day or two, and then gently syringing out the ear with luke-warm water.

M. S., Muskegon, Mich.—It may not be possible to keep a child who has acquired bad habits to a proper routine, but on the other hand it may be that much of the frequent demanding of the breast may be due to an insufficient supply of breast milk, and that if the child gets a proper meal, say seven to eight ounces, of proper food, he may sleep better and be generally better contented. As to the mixing of the food, we can only say that if you use a patent food at all it should be used precisely as the makers of that food direct it.

The Mothers' Parliament.

Wise and Unwise Punishment.

It would be well if all perplexed mothers would show the patience and high purpose of that one who writes, in a recent number of *BABYHOOD*, on the subject of "tantrums." To such a mother light would doubtless come with further occasions; and yet the experience of others is always helpful.

In the case described, an appeal to the child's higher nature was made. Possibly such appeals may prove effectual, but if they do not, the mother has no cause for discouragement. The higher nature of such a young boy would probably not be strong enough

to preserve him from childish temptations, and the conscience, like the mind, must be developed.

Now, if the "tantrums" continue, punishment is evidently needed, but it is very doubtful whether the boy's own recommendation of spanking should have any weight. That method of correction, being natural and primitive, would easily occur to a little child, but greater wisdom is expected of adults.

The nature of the punishment administered to any child must, of course, depend upon the child's temperament, but the plan of solitary confinement,

unattended by any element of fear, is very often efficacious, as a cure for various forms of naughtiness. Send the boy to any pleasant, well-lighted room and make him stay there alone as long as may seem advisable. Half an hour may be a long time to a child of six years, but if a boy is indifferent to the correction, a longer time is required. When the child is old enough, it is well to require him to sit up in a certain chair, but the position must not be retained at the cost of his nerves. Some children could sit for an hour or more. Others should not be asked to do so for more than fifteen minutes. The wise mother is the best judge in this matter. And no child must be allowed to imagine himself deserted. Let him understand that mother is within hearing distance, and will surely come at need; also that the length of detention depends upon himself. If the punishment inevitably follows upon the display of ill-temper and rebellion the boy will probably learn to control himself. Should this not be the case, some deprivation could be added to the confinement. But do not dismiss the appeal to your boy's conscience. When he is quiet again and repentant you can feel your way to his heart and to his reason, and in time the higher nature will develop and lend its helping hand to the necessary discipline, and at least render discipline unnecessary.

F. P.

The Choice of Books for Our Children.

When Baby arrives education for him begins. He learns he must conform to certain rules of life laid down

for his well-being. Mother regulates his periods for food, rest and exercise, and as time progresses teaches his little feet to perform the duty for which they were intended.

During the next few years the many joys and vicissitudes of babyhood encompass his existence. He surmounts obstacles with more or less success according to his individuality. Soon we notice that he turns to books for amusement. Pictures he regards with a pleased and wondering eye, at first attracted by the bright hues with which they are colored, then with a desire to know something of the story conveyed to his mind. While being amused in this way much is being revealed to him of the many wonders therein contained, besides increased development of his language. What a wealth of instruction for children lies in the judicious use of narration and illustration!

Many of us realize that now with Baby's first interest in books comes the time to collect such as may amuse as well as instruct him, until he is competent to judge for himself of his necessities in this direction. Mother is the child's educator always, his first and never-ceasing one. The time comes almost before she is aware of it for her little one to seek another instructor as her assistant and he is sent to school. His education here and at home now go hand in hand, complementary and supplementary. How encouraging to have mother interested in his daily tasks, appreciating his difficulties and applauding his successes now and then smoothing out some knotty problem, removing stumbling

blocks, and helping him over the somewhat rough road to knowledge.

What an assistance to him is the proper choice of books, and how much depends upon the wisdom of the selection, as school life progresses. Such as will please as well as instruct fix in the mind the lesson intended so firmly that time rarely effaces it. How delightfully history may be taught by the story of the times rather than by the memorizing of dry, bare facts. A child more readily grasps the idea and longer retains it. Geography, too, may best be begun by books of travel, so many of which are now written in the juvenile style. Stories having for their bases natural laws of science form lessons easily understood. If at home there is not a library that may furnish books of reference and aids to study, one should be started while our children are very young, adding to it as their needs become apparent or whenever a fitting opportunity presents itself. The classic writers, books dealing with simple and advanced science, history, biography and travels, besides standard authors of fiction, poetry, drama and books of reference—all these may at the present day be purchased at trifling expense, one at a time, or more, as the purse will allow.

Parents are richly rewarded for the trouble and expense of this collection by having at home such a library as will prove invaluable to their children and offer many an hour of relaxation to the tired mother, affording her the means of keeping abreast of the time, as well as making her more companionable for her children as their mental growth progresses.

G. S.

Obedience Made Easy.

When I first had little children I found it very difficult to reconcile theory with necessity. My theory that there is no reason why one individual should render instantaneous and unquestioning obedience to any other individual amounts to a principle. On the other hand I recognized as a necessity that a little ignorant child must obey, at least to the extent of being guided by a wiser power. Also that I—the mother—stood for that wiser power. This was the problem, but how was I to solve it?

It must be confessed that between my first-born and myself were some unhappy hours. He was a new experience to me, and though loved as a sweet first baby must needs be, the new experience was sometimes trying. I was then in feeble health, broken down nervously; he was nervous, sensitive, high-strung.

I began in the good old-fashioned way: The child must obey, and obey *me*, because I was his mother. Well, there were tugs and spans and cries—resulting in nervous exhaustion both for him and for me; and the result was *nil*. It seems to me now that it took me a long time to learn, and to put into practice, a natural law which I understood theoretically long before I was a mother. At last, however, I discovered a way to respect my children's individuality and yet teach them to conform to my superior judgment. I have five "new experiences" now; each one has proved a separate psychological study, and the words, "obedience," "obey," "mind," are never heard in the house—except when I forget myself.

First of all I went through a little process of self-training. I remembered how all my childish soul had revolted against the little words, "obey" and "mind," and the processes involved. I determined to eliminate the words and as nearly as possible the processes. I believe now, as I did then, that the demand of parents for unquestioning obedience is prompted by unconscious tyranny and unsuspected pride. I did not succeed in a day nor a month, and even now I forget and relapse—but never for more than an instant. I watched myself carefully, in the endeavor to train myself never to make an unreasonable or arbitrary demand; never to insist upon obedience as though it were a virtue in itself to which all else should be sacrificed; never because having said "no," I must stick to it. If I found I had said "no," or "yes," without understanding all the grounds for a consent or refusal, I changed my mind openly. I said to my little child, as I would have said to an adult: "I did not understand, or I should not have refused." In other words, no and yes were given for good reason, not for caprice. Moreover, as it is not pleasant to be proved too frequently in the wrong, I soon learned to inquire into the matter *before* giving a decision—not afterward.

I consider it a pernicious course, both for mother and child, that of insisting upon obedience arbitrarily; merely because the mother, having issued a *fiat*, feels called upon to enforce it.

The mother sticks to her point—because she has made it; the child yields for the same reason, which is

no reason. In their hearts both recognize the injustice and the child is not guided by a wisdom to which he bows, but overpowered by a material force against which he rebels, even while he submits. Beyond this I tried to make obedience pleasant; and it can be made so almost always when one has once learned how. How willingly a child gives up a coveted pleasure when persuaded that the mother who denies at the same time sympathizes. Nothing rankles like injustice; and a child's sense of justice is as keen as an adult's ought to be and is, until dulled by contact with the world, more or less unjust.

Above all I tried to make obedience follow natural laws and this is the secret of my success. I never said: "You must mind me because I'm your mother and I tell you to do thus and so." Instead, I tried to make the children see a reason for my commands, or rather requests; because a request is pleasanter than a command at all times, and if we mothers are queens, our requests ought to bear the weight of commands, and royally. In moments when no explanation could be given, the plan worked well; the habit of obedience had been formed; also the habit of trusting the wiser power. Obedience was rendered so simply and lovingly that the children never even knew it was obedience—the bugbear and stumbling-block of most households.

It is not difficult to obey when the command runs thus:

"Johnnie, will you do mamma a favor?" "Tommy, would you mind posting a letter for me?" "Children, it's time for lessons, isn't it? What a

pity it would be to miss them all to-morrow." Or: "You know if you conquer this tiresome grammar, by and by you'll be able to read lovely fairy tales in the original; wouldn't that be nice?"

Last of all, I strove to accord to my children, as far as is possible to young and ignorant creatures, the liberty I so dearly love myself—the liberty which is the natural birthright of mankind. Where no principle is involved I have learned to let them choose; where a principle is involved I point it out; and even then I say: "Now you know the right and you know the wrong; you must take your choice; I cannot be your conscience for you."

Never, to my recollection, have they failed to choose the right, when they have understood it. This, of course, with the older ones; with the little ones the principle is the same, only adapted to their lesser powers of reasoning; and children reason long before they can tell you so.

Now for a summing up. By nature, my children are no better and no worse than those brought up under the old, arbitrary system. They inherit, in common with others of the great human family, good and evil tendencies. All education is merely an effort to cultivate the wheat until it chokes the tares; and to do this it is necessary to give best attention to the wheat, from which we hope for a good crop, and as little as possible to the tares. The old arbitrary system spent so much time pulling up the tares, which hrove by continuous tilling that the wheat suffered by pure neglect.

I have tried to give my sole attention to the wheat. There has never

been an act of flagrant disobedience in my family since I stopped insisting upon obedience as a virtue. The children render the obedience which springs from habit and trust. There is less quarreling among them than among any children I have ever known. This, I am convinced, is because they respect each other's liberty and rights even as they are accustomed to have their own respected. With all the liberty accorded them, I have never known it abused. They ask permission with regard to any new point; and when called upon to settle questions for themselves, as all children must often be, it is my reward that they do not say: "I must ask my mother;" but: "Oh, yes, I know mamma would not like me to do that." In such cases their judgment has never failed. I have always been able to say: "You were quite right." Yet they are all very young children still. Let it not be thought that I am claiming credit for my system. I am simply recommending the recognition and practice of certain natural laws. A little child no more loves to be ordered about than a grown man or woman and as rightly resents it.

As a last word let me say that my children have taught me far more than I have ever been able to teach them. I acknowledge myself heavily in their debt. Best of all, I and they are very good friends.

M. R.

Over-Pants.

I wish to describe a very useful little garment which I have made for my little three-year-old boy, and which has proved itself practical by trial. He is still wearing dresses, and

I found that every time he went out of doors to play during the present wet or stormy weather he always came in with his dress and skirts very wet around the bottom. So I made over-pants out of an old gossamer water-proof, and now he can run anywhere with his little boots. The long overcoat hides all peculiarities.

For a child of three years they should be about three-quarters of a yard long from top to bottom. Each leg should be a little fuller at the top than at the bottom, say 36 inches around the top of each leg and 32 around the bottom, in order to have plenty of fullness for the dress and skirts, as the trousers are expected to be worn over all the regular clothes. Make each leg separately until you come to the inside seam; stitch that up 9 inches, then join the two legs together on one side and leave the opposite side open. Another top and bottom into bands.

I am so pleased with my invention that I intend to have my little boy use it after he goes into pants, if he goes out in the deep snow.

H. C. M.

A Case of Malaria, with Cerebrospinal Symptoms.

Dr. M. Nicoll, Jr., presented this case. The patient was a boy, five and one-half years of age, the son of a United States Army surgeon. He had a history of severe bronchopneumonia in infancy, and a severe obscure illness of six weeks' duration in Cuba, which it was thought, might possibly have been malaria of a remittent type, but the plasmodium was not found and quinine was not effectual. In

July of this year he received a slight wound of the foot while wading in salt water. Two days later he was drowsy, slept restlessly, and complained of the back of his neck. His temperature was 102°. Fearing tetanus, the wound was opened and treated as though it were infected. Later in the day the head was retracted to a marked degree. The sternocleidomastoid muscle was tense. The head could not be sent forward with any justifiable degree of force, and attempts to do so caused pain referred to the back of the neck. A few hours later there were symptoms of approaching convulsions. A supply of antitoxin was sent for. The urine at this time was negative, the fresh blood showed plasmodia of a hyaline type, and consequently bismuriate of quinine was given between 5 p. m. and morning, when a second blood examination showed the same type of organism. During the next twenty-four hours eighteen grains of quinine was given. The patient made a rapid recovery. He had reported this case because he had not seen, nor been able to find recorded, a case so suggestive of involvement of the brain and spinal cord caused by malaria.

Authorities claim that it is very injurious to allow a child to make a full breakfast of cereal. While a child may appear to thrive for a time, trouble will afterward follow. This is not so much the fault of the cereal—for competition has produced some very excellent breakfast foods—but with the manner of cooking and masticating. Composed largely of starch and tough fiber, cereals should be

thoroughly cooked. Those which do not need cooking before serving should be well heated and all moisture or dampness removed. Cereals are sometimes improved by adding raisins, dates, prunes and figs.

A Good Remedy.

In chronic diffuse interstitial nephritis the patient is generally anemic, and iron will agree with but few. Indeed, in many cases the nervous symptoms are aggravated by its use. Here is where Hagee's cordial of the extract of cod liver oil compound is indicated. It should be given in tablespoonful doses four times a day.—*American Journal Dermatology*.

Sincere Quackery.

The following rather remarkable case of honest but fanatic belief in the therapeutic efficacy of a medicinal compound, which occurred in London some time ago, is related in the *Globe*. An old lady sued Sir William Broadbent, a leading London practitioner, because he refused to buy or try her elixir. This "was no common remedy, being free from those minerals which are the root of all evil, but the skilful blending of a herb of which medical men know nothing." Needless to say the old lady lost her case, which she pleaded in person. Her sincerity was as obvious as her stupidity and made her a pathetic rather than a ridiculous figure.

An Institution to Combat Infantile Mortality.

In an effort to reduce Germany's infantile mortality, which is said to be surpassed only by that of Austria and Russia, an institution is to be founded in Charlottenburg, a suburb of Berlin, under the patronage of the Em-

Scott's Emulsion

has helped countless thousands of thin, weak, delicate children—made them plump, strong and robust, seems to just fit their sensitive, delicate nature, aids digestion and fills the veins with rich red blood.

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press, who has contributed a considerable sum for the purpose. The object of the institution will be largely educational, and departments will be provided in which nursing women with their infants will be received for three months at a time. Others are intended for pregnant women, for labor cases, for artificially nourished children and for children born outside of the institution. A hospital section for sick children, model dairy, a training school for midwives and nurses, and chemical and bacteriological laboratories will also be included. The records show that of 2,000,000 children born in Germany in 1903, 405,000 died during their first year.

Dainty breakfast sets are shown in the Limoges china, with large circular tray holding eleven pieces: coffee pot, cream and hot water pitchers,

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sugar bowl, egg cup, plate, muffin dish, cup and saucer, butter plate and cereal dish. The entire set is banded with gold and sprinkled with roses, making it a very handsome and summery affair.

There is a goodly display this season of ware representing country life and rural scenes, any of which are especially appropriate for country homes. Among these "Ye Old English ware" is deservedly popular. Bees, hens, dogs, flowers, birds, etc., are all cheerfully depicted in color upon cups, plates, trays, bowls and candlesticks.

Vases and jugs suitable for summer use are exceedingly handsome and quite deceive one in price, as many pieces of especially good design are very moderate indeed. The Clifton ware, coming in cool shades of brown and green, is inexpensive and pleasing. Apple green ware, a home production, is also moderate in price, with nearly every design of good form and color.

Expensive china can be saved much wear if round pieces of felt are placed between each plate. They should be

cut a little larger than the bottom of the plate. One yard of felt (two yards wide) will make forty-one circles. Canton flannel is less expensive, and can be used in place of felt, but it frays at the edges and looks untidy.

Pieces of felt pasted on the bottom of ornaments which are to stand on a polished surface prevents scratching. The small cuttings left over from the plate circles can be used for smaller articles.

George Eliot tells us that a woman is never so much at home with herself as when she is sewing, and a famous nerve specialist declares that the act of sewing has two distinct effects, one advantageous, the other detrimental. To sit down quietly with the body well relaxed, and ply the needle is a recreation, but to sew under strain—there is nothing that so quickly frazzles the nerves. Perhaps it is a good thing to have left behind the time when every spare moment was spent in crocheting lace that one could purchase at a shop for ten cents a yard, and tidies and other fripperies useless except as dust collectors, but it appears we have gone



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to the other extreme. If you keep on hand a bit of ruffling to be hemmed or some mending, it is surprising how much may be accomplished without losing anything of the interest of a friend's visit. There is satisfaction in the completion of any article done in such odd moments.

A Sun Parlor.

The plan is simply to enclose the piazza with a set of (double) windows, all made tight and secure from possibility of the admission of cold air. The wood frame-work is everywhere made very light, that the greatest possible surface of glass may be available for the warm sun to shine in and through the healthful room thus created. It is ventilated, and if necessary heated, though this is seldom done, from the rooms of the house proper, into one or more of which it opens. But children need not be President's babies to have identical opportunities for sunning themselves. Any house about which is a piazza, be it never so small, may have this sunny little "health sanatorium," and wherever feasible, parents should not

fail to provide it. The cost of double windows for one of ordinary dimensions is far from an expenditure to be called extravagant; and if the piazza be a large one, the end of it might be partitioned off for this purpose. Have no doors opening out into the air if it can be prevented. Entrance and exit from a window opening onto the piazza would be preferable to that.

Such a room offers a regular paradise for childhood, when winter cold and snow and ice take possession of the usual outdoor playground. A small swing, hammock and chairs provide comfort and exercise where space permits, and rugs on the floor (the floor should be tightly sheathed, by the way), with the everyday accompaniment of playthings, will give the child, and just as often the mother, many a happy, healthful hour, otherwise impossible under the usual climatic conditions which prevail in our country during fall, winter and early spring.

The nearest approach to this much desired addition to home comfort is a large bow window. This is a fine place for the babies, and it should be given up to them, even at the sacrifice of some housewifely prides or convenience. I have so surrendered my own window, but hope before another season of cold and dampness to be in possession of a "Sun Parlor." The idea is one which should be seriously considered by every thoughtful mother.

W.

Has the stork been to your house lately? For the weakened condition that follows his visit there is nothing so good as Hagee's Cordial of the Extract of Cod Liver Oil with Hypophosphites of Lime and Soda—nothing that will renew a woman's strength

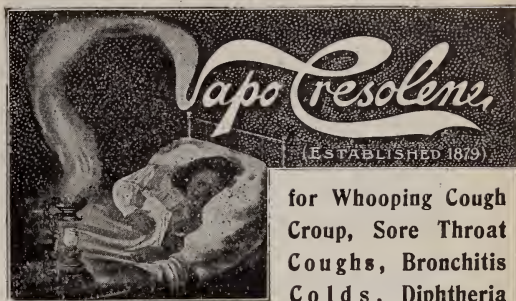
so quickly. Hagee's Cordial gives a new supply of rich blood, restores the nerve forces, tints the cheeks with the blush of good health. There's no grease in it—a thin fluid, very pleasant to take.

Common cod liver oil is a combination of good and bad; the best of all restorative and remedial agents confined in a most nauseating and disagreeable oil. Hagee's Cordial of the Extract of Cod Liver Oil Compound is all of the good properties separated from the grease—no taste, no smell, no nausea. Contains all the health-giving elements of pure Norwegian cod liver oil combined with hypophosphites of lime and soda.

Remember that pondlilies, when procurable, make one of the loveliest of summer center pieces. They should be placed in a large shallow glass bowl, and care should be taken not to crowd in too many blossoms. The water beneath with the long curving stems is one of the chief attractions of this decoration, as it gives the flowers the advantage of their native surroundings even when gracing a dinner table.

Many women use their hours of summer recreation in creating things useful for their homes or preparing for the fairs and bazaars which deluge one just before Christmas. A bit of fancy work, if not too intricate, is not the toil it seems, and much can be accomplished by making use of the minutes one is waiting on the piazza for lunch or dinner to be served. I know a woman who keeps a bit of sewing in the drawer of the library table to pick up at odd moments. In this way a great deal can be accomplished.

Those who are interested in baby carriage robes can find some new and



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very dainty designs this season. One robe is made of broad bands of solid blue and white. On the white stripes are half-wreaths in green with delicate pink blossoms.

Heavy crash and linen are popular for fancy work this year, and the flower sprays and formal designs are very handsome. Heavy silk is used for embroidering, and the work is most effective, and not at all difficult.

Ready-made flounces for sofa pillows can be bought at the shops and vary according to the cushion. Some of the ruffles are of net and ribbon, and are quite pretty, but not durable.

In making mayonnaise dressing, be sure to have fresh eggs. It is very important. It is better to use an egg-beater than a spoon in mixing the condiments, and a little lemon juice is not amiss in this dressing. If you

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

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I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

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I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,

Nurse, "The Sanatorium."

Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

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I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.

San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,

Portland, Me.

wish to have light and fluffy mayonnaise, add a cup of whipped cream just before the dressing is sent to the table. The lack of cream is what makes the mayonnaise in most restaurants such an oily and sad affair.

Laces have a peculiar fascination that few women can withstand, and just now the fad for lace, real or imitation, old or new, amounts to a passion. It sounds like desecration to suggest it, but if you positively cannot afford the exorbitant prices that are charged for real lace there is a makeshift that is, after the first shock, a salve to your pride. It is to combine the two, mingle a bit of the expensive stuff with the other which must of course be a good imitation, and the clever woman will be able to appliqué the two together in such a manner that the difference is not easily detected.

Cooking by electricity is becoming more general. Beside its obvious advantages of even heat and the saving of time, it is the most cleanly method. New devices are constantly appearing on the market, and now they range all the way from tiny stoves suitable for making the morning cup of coffee to broilers as large as the ordinary kitchen range. Electricity is particularly satisfactory for broiling, as the red-hot metal sears the surface immediately, so that all the juices are retained. In a similar degree the electrical flatirons are convenient and not less economical than the ordinary iron that has to be heated over gas.

Girls of a certain college have developed a craze for Indian bead work. Some of them have banded together to raise a desired fund by the sale of the results of their labor, and their

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efforts bid fair to be successful. They copy old pieces—old samplers, settle covers, bags, etc., and the reproductions are wonderfully true and bring good prices. The favorite pattern is the little tri-colored church with its funny steeple and quaint figure mounting the steps. This is considered one of the choicest designs, and one of the bags has been ordered at a hundred and fifty dollars.

Among chafing-dish accessories are wooden spoons and forks with copper trimmings. There are wooden trays, too, with copper rims, studded with nails, the whole making an especially appropriate set to go with mission furniture, or for the Turkish den.

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Our method is to specialize by teaching one set of children how to cook, another set how to sew, then to mend, to make dresses, to trim hats, to wash clothes. Similar classes in Europe have adopted the very opposite manner, and teach all branches of domestic science from start to finish, if one may say that such instruction under modern inventions ever comes to a finish. Heretofore we have known comparatively little of the foreign work going on in the direction of domestic science; consequently, it is

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What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
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exceedingly interesting to note the recent phenomenal progress made in this new departure of education among the daughters of foreign families. We have been too apt perhaps to consider our schools of instruction on the line as quite original and especially American; therefore in advance of every other country. It behooves us rather to watch with alertness the progress abroad, lest we be left in the rear some day by the more earnest and enthusiastic foreign pupils.

It was in 1870 in France that a Mme. Doyen-Doublié made a novel proposition to the city authorities of Rheims, to annex to the city school a class or to form a department where domestic science might be thoroughly taught by her. The municipality, however, declined her offer, and refused to look into the matter. Later, in 1873, this zealous and determined woman founded in Rheims a school of her own, which so prospered that after her death, in 1878, the city adopted her institution. Previous to the efforts made by Mme. Doyen-Doublié in 1865 a school of this order had been started in the city of Göteborg in Sweden. At the present moment such schools have multiplied on the Continent, one having been founded in Paris, others in the provinces, and one in Algeria. These schools are free to all, while the official teachers are constantly attracting attention to them by holding forth in their praise and making regular reports of their experiences, which, being published, are widely scattered abroad. The French Academy of Moral and Political Science has recently crowned with its approval the work of M. Beaufreton upon domestic science. The idea therein exploited is that in our epoch it has been found better to teach by means of method

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and science a great many things which in bygone days were taken up spontaneously.

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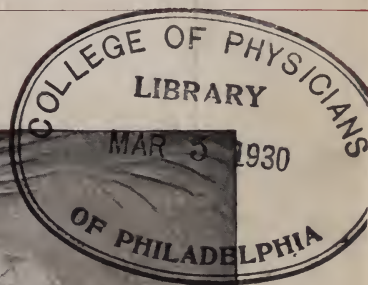
much in vogue a very interesting and profitable field has opened for girls with talents in this line of art. Some of the daintiest cards are flower girls opening boxes of roses, lilies, or violets. Other pretty ones represent green jack-in-the-pulpits, Colonial dames, Dutch girls, and birch-bark logs. For auto parties there are numerous cards suitable for the table, also wedding and engagement place cards.



Babyhood

The Mother's Nursery Guide.

Vol. XXV. No. 290
JANUARY
1909



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A friend whose husband is prone to give short notice of opportunities to drive contrived a way of wrapping her baby quickly. She bought some gray eider cloth, and made a bag of suitable length, lined and wadded it, and finished it with a casing in which was run an ample allowance of inch-wide pink satin ribbon. Into the bag she slipped the baby, drew up the ribbon about its neck and tied it at one side, put on the little hood, and there he was, all ready for a ride, with no buttons, or mittens, or keeping his legs wrapped. "And I can put his towels right in first, if I like," she said, "and not carry a satchel. And there is another good point about it. You know how very awkwardly a man handles a baby? Well, his father can hold him, and try as hard as he will, he can't get him uncovered. Of course he will *wopse* him up some, but I know he's *inside*, and warm." L. S.

A Sensitive Child Sensibly Treated.

In glancing over "The Advent of Little Brother," in a recent number of *BABYHOOD*, I was very much struck by the lines I read, penned by a fond and far-seeing mother. "These dear little ones have their heartaches, and we parents, by wise intelligence and sympathy, can soothe and direct their minds and hearts into unselfishness and love."

I have never had a nurse for my children since they were able to toddle, believing with the writer of that little sketch—"that their happiness and usefulness in later life depended upon a right start at this early period." Yes, "these dear little ones *have* their heartaches," as in my experience I can testify.

I recall a circumstance in the life of my tiny girl: I sat in a sunny bay window, filled with flowering plants, where I do all my mending. My tiny girl, then four years old, always sat

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near with books or dolls. For three days she had watched one of the lovely flowers coming into bloom, really desiring to pick it off. I always said as she smelled it and petted it: "Be careful, dear, or else it will break, and then mamma's pretty flower will be all gone." The following day being rainy, I placed the plant upon a bracket in the piazza, to "enjoy" the rain, leaving it there till the next day, when I met my little girl upon the piazza, with the flowering branch in her hand. I exclaimed: "Now, Thekla, I am really vexed; you've been trying to pick that flower ever since it bloomed." The poor little tot held up both arms to throw around my neck, and with a choking sob, exclaimed: "Oh, mamma! I did not pull your

flower; I founded it on the ground, and was coming to tell you!" I gathered the little suffering child into my arms, and told her how sorry I was to have accused her before knowing how it all was!

What nurse is there who would have stopped to find out what the circumstances were? Most probably she would have answered: "You are a naughty little story-teller, and I shall tell your mother!" In a few days the child would have been repeating the phrase, calling her little brother by the same epithet. I privately examined the broken branch, in order that I might not again wound the little soul, and discovered my innocent tot had really told the truth, for the broken end was wilted, and I felt it was the storm of the night before that had torn off the brittle branch, and my child was bringing it in sympathy to show me. She expected the bread of kindness, and received a stone—hard words, and her honor doubted. Having been so far tenderly brought up, is it wonderful that she should feel hurt and wounded?

Once, when Thekla was about six years old, a friend took her for a ramble over the fields; they were gone for an hour or two; upon their return Mrs. Blank related her experience with Thekla before the child, making her feel greatly disconcerted.

"Mrs. M.," she said, "this child got me upon a perfect string; she told me she knew a garden near by where green roses grew. I told her we would go and have a look at them, if she knew the way. The consequence is, I was led up hill and down dale—never a garden nor never a green rose: she is a little romancer, and no mistake!"

...THE...

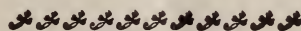
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A few days later the lady left for another city, and we hardly thought of her again for two years. One day we were all together strolling around the country roads, when Thekla exclaimed: "Oh, *this* is the garden where the green roses grew." "Then we'll go in and look at them, Thekla," we all said. Sure enough; there they were—a rose bush full of really green roses. Thekla looked wistfully off in the distance, and said: "Oh, what a pity, mamma, that lady isn't here, now she would believe me!" I broke off a branch, telling Thekla we would send her a specimen mail, as I saw she had harbored still the lady's reflection upon her truthfulness, and I wanted the child to feel the comfort of vindication. Yes, if we ourselves are careful in not blunting our children's feelings, and guard them from the thoughtless remarks of others. "there may be more happiness and

usefulness found in the coming generation." M. M.

Trying on Gloves.

When buying gloves it is wise always to see that they are well powdered and stretched, as this facilitates matters when putting them on for the first time. It is of great assistance also to wet the thumb and forefinger slightly while slipping the fingers in turn into their various positions.

Spanish Salad.

Select ripe but not soft bananas, and cut into thin slices with a silver knife. Shell English walnuts until you have one-third the quantity of the bananas. Press the nuts through a grinder or chop fine. Mix fruit and nuts lightly, and heap them on a platter covered with crisp lettuce leaves. Pour mayonnaise dressing over the whole, taking care it is seasoned quite sharply with Cayenne pepper.

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By A. K. BOND, M.D.,

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VOL. XXV.

JANUARY, 1909.

No. 290.

“Catching Cold.”

Catching cold, is an expression familiar to every mother, especially in the winter season, yet from its very familiarity its significance is overlooked. But few of those who use it attempt to get at the true meaning of the phrase, and fewer still to analyze the various stages of the process to which the phrase applies.

That a child has “caught cold” indicates undoubtedly that some disorder or inflammation of an inward part of the body has followed the exposure of the body-surface to cold; but observation teaches that exposure to heat, the sudden change from a cold atmosphere to a hot one, will under certain circumstances produce the same result; and, furthermore, that it is very difficult to predict beforehand whether such exposures will in any given case be followed by “catching cold,” or what particular inward part will be the seat of the disorder. In the present paper the writer purposes to discuss in a familiar way these obscure but important problems, throwing such light upon them as he may have gained

from medical research and personal observation. And even if his reasoning seem somewhat tedious at times, he will doubtless be patiently followed to the end by the anxious mother whose little ones seem “so liable to take cold,” and who is distracted by the contradictory exhortations of kind and well-meaning neighbors in regard to the prevention of this unhappy and dangerous occurrence.

For Mrs. Jones's boys thrive without overcoats in the most arctic weather, and she considers mufflers as an abomination, “certain to bring on a dangerous cold.” Mrs. Smith's boys, on the contrary, turn blue and shiver if cosy overcoats are not provided; and take off their mufflers to pull their sister's sled and don them again without the slightest ill results. Mrs. Robinson's boys and girls catch cold if their shoes become the least damp; while Mrs. Tabb's little rascals seldom have dry feet in winter weather, and yet seem healthier than the average. And there is the well-known case, that everybody in the village was discuss-

ing, where Mrs. Teackle, while trying to get cool in church one awfully hot summer day, fanned accidentally the back of Deacon Rusk's head, and put him to bed for two weeks with a neuralgic cold and stiff back. What is "catching cold," anyway? How can it be avoided? What is good for it? And so we come to our subject.

How It Comes About.

Exactly how a change of temperature on the surface can cause inward inflammation is not yet known. It is evident that the means of communication is the nervous system. A vigorous skin in full health, if exposed to sudden change from heat to cold or from cold to heat, will, after a moment's disturbance of its circulation, quickly react. The increase of cold will be met by a warm glow of defiance, as the blood rushes in fuller stream through the tiny surface vessels; the increase of heat will be antagonized by more abundant perspiration, which, visible or invisible to the eye, will, by its evaporation, cool the skin down to a safe temperature in spite of the warm air which envelops and flows about it on every side. In this way the robust skin stands guard against temperature changes, and by swiftly meeting them enables the great inward organs to maintain that quiet circulation of blood which is absolutely necessary to the proper performance of their vital functions. But if the skin be feeble it reacts sluggishly, if at all, against sudden changes in temperature. If it is chilled, the blood which has been driven from the vessels of the surface does not quickly return with renewed energy, but becomes dammed up in

the great inward organs. If it is overheated, increase of perspiration does not occur, and the blood is not cooled as it should be in the superficial vessels. So it comes about that in persons with skins lacking in vigor the circulation is continually subjected to disturbances, both in the skin and in the great vital organs, whose secretions, so necessary to health, are lessened or wholly checked and become unwholesome. If the disturbances continue, inflammations and fever will follow; or, to use the language of modern science, the disease-agents which beset our bodies without and within, but are stoutly and successfully repelled and excluded if we continue in health, will, when we are subjected to the circulatory and other disturbances above mentioned, gain entrance to the body tissues and to the blood, and in their new homes proceed to form their unwholesome poisons.

The Office of the Skin.

It will thus be seen that proper care of the skin is the great safeguard against "catching cold." Few people realize the immense importance of the skin in the preservation of the human body. It is not merely a tough covering spread over the surface to protect the underlying parts from bumps and blows; it is a great organ of the body endowed with the highest faculties and entrusted with most vital duties. In the original development of this wondrous tabernacle of flesh the skin is produced from the same tissues which form the great nerve organs of the brain and spinal cord. As some one has said, it is the medium through which we

obtain more information concerning the world in which we live than is furnished by any other organ except the eye. Every mother knows how the infant uses it in getting acquainted with this strange world into which he has come. How instinctively every object presented to his eye is at once, if possible, brought into contact with his sensitive fingers or his still more sensitive lips. And if, through carelessness of those to whom he has been entrusted, or through disease, or through accident, the priceless gift of sight has been taken away, how wonderfully does the skin come to the aid of those darkened eyes and bring within reach of the sufferer, through an exquisite development of its sense of touch, the treasures of literature, of music and of many other departments of knowledge! For the skin, albeit it seems so inert and dead, is studded all over with millions of little sense-organs, which contain the endings of delicate nerves of perception. From these we gain the knowledge of heat and cold, we receive impressions of pleasure and of pain, and obtain information as to the size, shape, denseness, composition and weight of objects brought within our reach. How persistent these impressions may be is well shown by the pathetic story of the dying soldier boy who, in hospital far from home, felt one night in the darkness a soft hand laid upon his brow, and murmured "it feels like mother's touch," and guessed true. Who would think that the despised and often neglected skin could convey such exquisite distinctions of pressure as the story teaches.

Nor is the skin made haphazard, or lacking in that wonderful order which elsewhere in the body speaks of the care of its great Designer. This is especially shown in the palms of the hands and on the cushions of the fingers where perception by touch is very acute. Here the little sense-organs of the skin lie in tiny ridges which as any of my readers may see for himself, are arranged in most elaborate patterns, with curves so delicate that any architect might be proud to equal them. It is stated by those who have made a special study of these patterns that they are never exactly alike in any two human beings. Each babe presents at birth his own peculiar finger-patterns, which remain throughout life the same, unchanged by age, occupation or state of health. It is known that the police in certain cities are accustomed to preserve not only the photographs of members of the criminal class for purpose of identification in case they are again arrested, but also the impressions of their finger-tips, taken by pressing them in a certain way against glass slides, which are labeled and carefully stored away. Some of our best story writers have seized upon this fact and made the comparison of the finger-impressions of the adult with those of the baby taken years before the means of restoring the hero to his birthright.

Aside from its duties already mentioned, the skin takes an important part in the purification of the blood. By means of perspiration, which is

going on imperceptibly all the time in every body, and only occasionally shows itself by the appearance of sweat, large quantities of water are thrown off daily from the surface of the skin into the air; and with this perspiration are mixed various substances which are no longer useful in the body, but, if they remain in it, would contaminate the blood. These impurities either dry upon the surface, to be removed by the daily bath, or are absorbed by the inner clothing, rendering its frequent changing a necessity. Linen and cotton clothing are said to take up these substances quickly, becoming themselves soiled but leaving the skin comparatively clean; while woollen garments are believed to take them up more slowly, remaining clean themselves for a longer time but rendering more frequent bathings of the skin necessary. Silk must act similarly to wool in this respect.

How to Keep the Skin Healthy.

It is evident that an organ of such delicate perceptions and varied duties as the skin demands a considerable amount of attention if it is to be kept in healthy condition. And this attention must be wisely bestowed. The skin is of different quality in different persons, as a little observation will show; and its quality varies also in the same person with age and general bodily health. So true is this that the experienced physician can oftentimes guess by a moment's study of the skin of the face what is the disposition of the patient, what diseases he is specially prone to, what disease he is suffering from, or whether he is better or worse than at the last visit.

And as to its age-changes, we need not dwell upon a subject which is so painful to many women, who rebel so indignantly against the story written in the skin by the relentless finger of each passing year, and have not opportunity in the rush of household duties to bestow that care upon it, by spongings and gentle friction, which is necessary to erase or soften those tell-tale marks, and coax back the plumpness and glow of early youth; or even to get that outdoor exercise and social recreation which are necessary to keep the body young. Of the little ones as of the adults it is true that to get the best results the peculiarities of each skin must be studied and its management adapted to its particular needs. Fashion and the example of foolish neighbors in regard to clothing, bathing, house heating, exercise and the like must be subordinated to the dictates of the mother's own common sense and the teachings of her own quiet observation.

Cleanliness.

The old English poet Chaucer describes one of his characters as being so healthy that nothing unwholesome could remain upon her skin. Certain it is that the healthy skin is naturally cleanly, while in some conditions of ill-health it is almost impossible to keep the skin in order. Abundance of simple, nutritious food and plenty of exercise in the open air, with proper attention to the digestive functions, are as important as bathing for the maintenance of a robust skin which shall resist cold and heat alike, and keep its circulation steady under exposure to all sorts of weather. The

child cooped up week after week continuously in furnace-heated rooms will become more liable to take cold, no matter how frequently the skin may be washed.

And the bathing itself must be done judiciously. How often do we see the infant turn blue and cold while the hired nurse is slowly scrubbing one portion after another of its chilled body. No adult would submit to such baths. The baby's screams and dislike of the operation are supposed to be natural; and it is also considered a matter of course for him to have a cold most of the time. The bath ought really to be so conducted that the child will become fond of it, and continue to take pleasure in it throughout his future life. The feeble child requires more temperate water and shorter baths than the robust. The same is true of all children who are slow to react after bathing and remain cold and pale even when well rubbed with soft towels.

Attention should be given to the soap used. Some soaps much advertised are harsh and caustic, roughening the skin and even producing eruptions on it. Not every child can bear the free use of soap even if it be of good quality. In some children the skin is so deficient in oiliness that if soap is freely used upon it, and the natural oil thoroughly removed, the skin will remain harsh and sensitive for days thereafter. In such cases less soap should be used or a little bland ointment should be rubbed into the skin after the bath.

Change of Clothing.

Frequent changes of the underclothing are necessary to cleanliness

and health of the skin. So evident has this become to physicians and skilled nurses that even in extreme illness the body and bed clothes of the patient are changed every few days. The old-fashioned dread of the patient's catching cold from the change is overcome by careful warming of the fresh garments and ironing of the fresh-spread sheets with a hot flatiron. Clothing saturated with perspiration seems, even when dried, to have lost to a great degree its power of protecting against changes of temperature; or else the skin upon which perspiration has dried loses its resisting power. At any rate a gentle sponging with tepid water and a change to clean clothing refresh and invigorate the patient.

Suitable Clothing.

Some children need heavier clothing than others, and the attempt to clothe them like the others ends only in giving them a severe cold. The weakly child (like the aged person) must have warmer clothing than the robust. The child who eats insufficiently must be more warmly clad than one with vigorous appetite. Light lunches of milk and buttered bread should be added between the regular meals and at bed-time in intensely cold weather as a protection against chilling of the skin.

The clothing nearest the skin should be loose-meshed and sufficiently thick, the inner garments worn by many children being entirely too thin to be efficient. The child who is all the time chilly, with cold hands and feet, needs either the doctor's care or warmer underclothing. He is not in a natural state, however strongly his cold-

handed chilly relatives may argue to the contrary. He needs medical care or else he has not a sufficiently warm layer of air between his undergarments and his skin and in the meshes of these garments. It is very much better to put warmer underclothing on such a child (strict attention being paid to feeding, exercise and the condition of the bowels and general health) than to heat the room in which he lives to an unwholesome temperature.

For ordinary winter temperatures thick cotton underclothing is safe enough. Wool, which is indicated in a cold climate, is irritating to some skins, and like silk, less cleanly than cotton, as not allowing of equally perfect ventilation. The same objection holds good against outer garments of fur. Yet in the coldest climates wool, silk and furs are all necessary. Common sense will prescribe the proper material according to circumstances. In the case of woollen underclothing, as in that of cotton, the thickness ought to vary with the changes in temperature.

In very cold weather and on windy days an overcoat is necessary to preserve the warm atmosphere next the skin. The chilling which is so much feared by some persons when the coat is taken off on return to a warm room may be avoided by keeping it buttoned for some time after entering, then

opening it, and not removing it until the body has become sufficiently accustomed to the warmer atmosphere of the room.

It is a pity that the old-fashioned shawl has fallen into disuse. It must have saved the mother and her girls from many a bad cold, as they lingered in the chilly passages of an unequally warmed house. For many a severe cold is caught in that borderland between warmth and coldness, when one does not think she is chilled and yet a shawl feels comfortable. Such slight precautions would prevent many a long tedious illness.

It is always difficult to tell exactly how warmly an infant should be clothed, since it cannot express its feelings in words. An observant nurse once told the writer that in her opinion a large part of the discomfort of infants (expressed in "colic" and "screaming spells") was due to insufficient warmth of body. Sometimes a chilled infant will lie for a considerable time in misery, although heavier coverings have been put upon it, because it has not in itself a sufficient source of warmth. It needs the heat of the mother's body, a hot bottle to its feet, a warm drink or some other external source of heat. The same is true of older children when greatly reduced in vigor owing to sickness.



Some Practical Hints Concerning Scarlet Fever.

This well-known contagious disease has a most unfortunate English name, viz: *Scarlatina* (originally derived from a Latin adjective meaning deep-red, the word "*febris*"—fever—being understood) since its termination in "*ina*," a common diminutive ending in the Latin, gives many intelligent people the fixed impression that all mild red rash is *scarlatina* and not the true scarlet fever. The fact is that *scarlatina* is the proper scientific or medical term for all grades of this disease, from the very mildest to the most malignant form. If the name of the disease were thus properly used, serious mistakes would often be avoided. To the physician *scarlatina* is never a trifling or diminutive disease.

Medical history does not trace the first case of scarlet fever, and it is only a little over two hundred years since the disease was first distinguished by an English physician (*Sydenham*) from measles, of which it was before that supposed to be a variety. Hence it is that most city health departments in the United States require physicians to report all cases of measles, in order that the quarantine of scarlet fever may not be overlooked. Since scarlet fever was first named as a distinct disease, its epidemics have gradually spread throughout the civilized world, with a great variety of forms and intensity. While every parent should know that this is the most prevalent and fatal form of the

eruptive diseases, there is still some consolation in the fact that, at least in American cities, the disease generally takes on a mild type, appearing in a particularly dangerous and fatal form only once in six or eight years. Yet it must be remembered that even a mild epidemic finds occasionally in certain children, commonly those of scrofulous or delicate inheritance, soil for most virulent and fatal attacks. It is never prudent to deliberately expose a child to an attack of any form of the disease on the ground that it is "running mild now, and he might as well have it and be done with it," a statement which we have actually heard from conscientious mothers.

The very rapid extension and use of all means of communication, especially between large cities, the so-called "traveling habit" of the American people, is the chief factor in distributing this as well as other contagious diseases. Hence the wise family physician will caution parents against traveling with small children, except in case of absolute necessity. We have known one case of scarlet fever to scatter contagion to half a dozen communities along a railroad journey, and to finally become the nucleus for an extended epidemic in the last stopping place.

Its Contagion.

While scarlet fever is known to be due to a specific poison, and that poison is "volatile, diffusible, portable, minutely divisible and tenacious," its exact nature has not been determined. Every one ought to realize that this

poison is or may be directly communicated by clothing, furniture, toys, flowers, letters, and even the food of the sick room. This is the reason for the usual stringent and thorough regulations about the complete cleansing and absolute destruction of all things connected with the patient and the sick room. Because neglect of these precautions has resulted in the spread of the disease, every parent should be willing on selfish grounds, as well as in subservience to public health, to submit to thorough disinfection of his premises and even the destruction of some of his personal property. Next to fire, steam probably affords the most thorough means of absolute disinfection, but burning sulphur over water in the infected apartments is commonly substituted. This means of purification comes down to us from the remotest antiquity and while not absolute, seems to be the easiest method yet devised for general application.

Without doubt this disease, like diphtheria, may be conveyed by domestic animals suffering from the effects of the same or a similar poison. Milk from an infected animal, or by direct contamination from a case of scarlet fever, may also become a conveyor of the disease. The vitality of the scarlet fever contagion has often been demonstrated. One case came under our observation where thorough cleansing by all ordinary methods was used after a case, except taking up and beating the carpet of the infected room. When that process was gone through with in the following spring, eight months later, another

case of scarlet fever immediately followed. Many other similar experiences demonstrate that the contagion may live for months or even years concealed in furs, clothing, etc., needing only some favorable exposure to start it out on a virulent and perhaps deadly career. Parents should know also that not only the scales from the peeling skin, but also the sputa, sweat, urine, and the secretions from the nose and throat are all proven to be sources of contagion. Nor is this all. So volatile and intense is the contagion oftentimes that the atmosphere of the sick room is poisonous. This is well authenticated and is only overcome by keeping the poisoned air diluted by thorough and constant ventilation.

After all has been said concerning the means and methods of the spread of this particular poison, and in spite of all health regulations and proper vigilance by authorities, the fact remains that personal intercourse and contact in the school-room, the church, city elevators, street cars and crowded hall-ways, are the chief causes for the spread of this and other contagious diseases. Epidemics often begin from a few or even single cases, not recognized, or confessedly allowed to go about on the streets or crowded places. If all those having the care of children fully appreciated these facts, they would aid the health authorities in their attempt to immediately isolate all cases as soon as recognized. Health regulations are but practical applications of the Golden Rule, and once appreciating this we don't see how any intelligent, much less any Christian, parent can willfully

and selfishly plan to overcome those regulations. In all the complicated regulations of modern society, there is no better illustration of the practical benefits of doing unto others as you would be done by, although the strict carrying out of the rules oftentimes works inconvenience and hardship.

Period of Incubation.

The parent naturally inquires how long after exposure the child may come down with the disease, and this time is known medically as the period of incubation. Authorities differ, but probably the best conclusions are found in the "report of a committee appointed by the Clinical Society of London to investigate the periods of incubation and contagiousness of certain infectious diseases," as follows: "The period is, as a rule, more than twenty-four hours and less than seventy-two hours. It has not been shown ever to exceed seven days." This means that if no signs arise for one week after the exposure the patient is probably uninfected.

The Premonitory Signs.

Scarlet fever is not always easily recognized even by the physician, and yet some signs may be quite certain to the parents, viz: Fever, sore throat and vomiting. This trio is rarely absent even in a mild case, and should be sufficient reason for putting the child in bed and sending for a physician, or at least for watching the symptoms for half a day or so. Warmth to the body and warm limbs may aid the progress of matters until

the case is pronounced to be scarlet fever. It is the unwitting carelessness of parents in this early stage that frequently spreads the disease at home and at school. Bearing in mind fully, as every parent must, the schemes of some bright children to avoid going to school, when a child refuses his breakfast, says he has a headache, is feverish and sluggish and begs to go to bed, and especially if his throat is seen to be red and painful, it is most prudent to let him stay at home and await developments. It is not only cruelty to the child to send him to school and have him attacked with vomiting and more serious symptoms while there, but also criminal carelessness toward his associates in school and on the way there.

Oftentimes a day or so of indisposition, headache, and malaise precedes the above initial symptoms. Often the fever, sore throat and vomiting are ushered in with a chill, or in infants a convulsion takes the place of a chill, and there is no mistaking serious illness even before the physician arrives. However, the parents and physician must await the coming of the rash to make the diagnosis complete. This may show first in the mouth, on the arch of the throat and then upon the chest, neck and shoulders, appearing not often later than a day from the above onset. Now the doctor will order the little patient to bed, if by any chance he is not there already, and the household must prepare for at least a three weeks' siege of illness.

The Management and Care of Near-sighted Eyes.

The large number of near-sighted children, the great increase and rapid development of near-sight, with the consequent serious impairment and even loss of sight, have attracted the serious attention not alone of physicians and instructors but also of the public in general, who begin to inquire for the causes and ask for measures of prevention and relief.

The prophylatic or preventive treatment of near-sight and its after management are of greater importance than in the case of any of the other refractive conditions (far-sight, astigmatism, etc.) of the eye, for near-sight possesses a much graver significance. It is not only a refractive condition, but also a pathological or diseased state. This can be readily understood when we recognize the fact that the eye-ball in near-sighted eyes is too large, and that when the near-sight increases it produces an expansion or stretching of the posterior portion of the globe, thereby affecting the membranes or tunics of the eye which undergo diseased or destructive changes. Now, as we cannot in all cases stop this extension, and positively cannot reduce the stretched portion to its original state, we must, therefore, with an intelligent understanding and punctilious practice do all in our power to prevent this increase and stretching, and consequent diseased condition, or limit and stop the process, and thus preserve the acuteness of sight. This can frequently be accomplished by strict en-

forcement of certain hygienic measures, not only in the school-room but also at home.

We should not defer this treatment until adult life, until the children are older, as when complete development of the body has taken place, the ocular tissues, as well as other parts of the body, are not so susceptible to change and the benefits obtained by proper hygiene. We cannot begin too early. Even in infancy, as soon as the eyes begin to perform their function, certain precautions should be taken. One should not hold the playthings too near the children's eyes, and should not attract their attention to bright objects.

If the near-sight is of high or even moderate degree, and especially if it is progressive, as is more often the case if it is hereditary, and the patient does not receive a thorough examination and diligent care, the sight may be lost or materially weakened by one of the numerous morbid conditions, as atrophy of the retina or the choroid or the optic nerve, or by upheaval or detachment of the retina (the sensitive tunic).

In a previous number of *BABYHOOD* were given instructions how to diagnose or recognize near-sight, which is comparatively easy, so we shall not refer to that part of the subject again. There is more near-sight in the higher classes of society or the better educated, than in the lower classes, and more in the city than in the country, which indicates that the cause is the greater

amount of near work and consequent eye-strain, and among the poor the fine needle work by bad illumination. It seems also that there is a larger percentage of near-sight among blondes than brunettes, and naturally children of near-sighted parents are more likely to be near-sighted, and apparently girls are more liable than boys. The high degrees are less likely to remain stationary, and even in adult life may increase and cause disease in the membranes of the eye, though if there is not much near-sight at an advanced age it will remain at a stand-still. The critical period at which near-sight is likely to progress, and often very rapidly, is from the age of eight to ten and fourteen to sixteen, at the time of rapid growth and development of the various nervous structures of the body, and when the eyes and brain are subjected to the severe strain of study.

From the foregoing considerations and many others we see that we cannot overrate the importance of avoiding the many causes of increase of near-sight, and should keep in mind the great amount of injury that may be done by carelessness or negligence.

A brief reference to the examination of the eyes and the prescribing of glasses will be in place before proceeding to the subject of ocular hygiene.

Glasses.

The prescribing of glasses for near-sighted eyes should be left to a skillful oculist, not to opticians, for it requires a thorough knowledge of the refractive conditions and the methods of examination; as one of the highest authorities has justly warned us, "an incorrect determination of the degree of near-sight may highly endanger the

eyes." There exists a most pernicious prejudice among many people against the wearing of glasses, based on the fear that they will injure the eyes. Exactly the contrary, for correct glasses relieve the strain, support the muscles and thus save and protect the eyes. It is somewhat on the same principle that we protect an inflamed arm, which, if constantly moved or used, will not improve but get worse from the continual effort and strain. But with absolute rest and quiet and the support of a sling or splints it will get relief and be cured. So also with the eyes. The persistent effort to see well and the ever-increasing strain in near-sight, causing headaches and nervous disturbances, are removed by the aid of correct glasses, which act as a rest and support to the tired, irritated muscles of the eye.

Many children, and particularly those who are near-sighted, have an inordinate appetite for reading, which they indulge from morning till night and by poor light, a practice which is not only harmful to the eye, but also to the general health.

Near-sighted glasses should rather be too weak than too strong. In certain cases the glasses are only to be worn for the distance; in others, the same glasses for the distance and near by; while in high degrees weaker glasses should be worn for near work and special glasses, of a different strength, are to be prescribed for certain kinds of work, as practice at music, painting, etc., where the objects are farther away than the book in reading or the paper in writing. When the glasses are too strong the effect is shown by fatigue or pain in and

around the eyes. But of course the selection of the different glasses that may be necessary should be left to a competent oculist. It is remarkable how much comfort and relief are obtained by the right selection.

Ocular Hygiene.

The only proper treatment of near-sight is the ocular hygiene, though frequently the symptoms of, irritation and inflammation accompanying near-sight require treatment. Absolute rest from the spasm or strain may be secured by the use of atropine and by dark glasses (London smoked glasses) to protect the eyes from the light. If there are little dots, sparks, motes or flashes (*"muscæ volitantes"*) or a feeling of pressure in the eye, with frontal headache, hot mustard foot-baths or leeches are beneficial, although these nervous disturbances pass off and need not usually cause any anxiety, unless they are the beginning of an inflammation. Then an oculist should be called in and complete cessation of work is necessary. The room should be darkened, the feet kept warm, stimulating diet and all alcoholic drinks should be avoided, the bowels kept in good condition, and the mind remain as quiet as possible. A mild douche on the closed lids is in these cases agreeable.

As most of the near work, particularly that of the younger children, is done at school, it is of great importance that special hygienic measures should be adopted, but these hygienic considerations apply also to the home, where perhaps the surroundings are more unfavorable than at school and are more often disregarded.

Importance of Proper Light.

In the nursery and more especially in the school this subject should receive careful consideration. There should be a certain proportion of window space to the floor-surface (about one square meter of the former to five square meters of the latter). This can be obtained when the school stands in an open space, unobstructed by the surroundings. It is preferable to have the light from the left side—or, if the room is too large, light can be had from both sides, or better still from above, which, however, is seldom feasible. The windows should not have a southern exposure on account of the direct sunlight, nor should the walls and ceiling be too strongly reflecting, as a highly reflecting wall, upon which the direct rays of the sunlight fall, often produces weak eyes in children. If it can be arranged, the light should come from the east or south-east and fall to the left of the scholars, and, if there is not sufficient illumination, there ought to be windows at the back, but not to the right, as that causes annoying shadows from the hand, etc. On no account should there be light from the front, as gazing directly into the sunlight is very injurious.

The most agreeable color for window curtain or shade is gray, and the shades should be placed in the walls in the room and not in the window space. Blackboards should be dark and clear. It is a good plan to have in the school-room Snellen's Test Type, a card with letters of different sizes, which should be hung at a certain distance from the scholars (about 15 to 20 feet), and when the smallest type cannot be dis-

tinctly read work should be stopped. An even better method is to test the eyes with small type, agate, or at least nonpareil, that should be easily read at a distance of from 14 to 16 inches.

By no means permit children to read at twilight; rather let down the shades and light the lamps. We are most of us guilty of this most harmful practice, reading at twilight, when the normal intensity of light is diminished at least by one-half, so that in order to see distinctly we must make extra exertions, thereby causing considerable strain and irritation of the retina. We should have the artificial light sufficiently bright. The minimum of brightness is a light intensity of 10 meter candles (1 meter candle power is a candle at 40 inches distance) and requires at least one flame for four children. Of course the best light is the natural light—sunlight—and artificial light is much inferior; the best artificial light is the electric, as its color corresponds more nearly to daylight, and on account of its intensity it can be placed some distance from the eyes. Moreover it does not emit the great heat of gaslight, which makes the air so unwholesome. But the disadvantage of electric light is that it is not constant, and flickers too much. In burning gaslight never use free gas burners, but use a shade or globe.

Seats and School Material.

There should be certain arrangements to prevent stooping or bending over, which produces curvature of the spine and deficient chest development and consequent impaired action of the heart and lungs. Nor should the pupil hold the head crooked, or lean on his elbows, or have uncomfortable seats,

as when the child is tired it naturally leans forward; the seats should have a back and not be without arms. The constant stooping position and strong convergence in order to bring the objects nearer to the eye produce an afflux of blood to the brain and eye, thus causing increased intro-ocular pressure and tension in the fluids of the eye, which induce the development of diseased conditions.

We cannot do better than give Professor Esmarch's rules with regard to seats.

1. The bench should be raised above the floor (or the steps for the feet) the length of the child's legs measured from the popliteal space (inner side of the knee joint) to the sole of the foot.

2. It ought to be as broad as the thighs are long (the distance of the popliteal space to the back).

3. The front rounded edge of the bench ought to project 2 or 3 centimeters beyond the inner edge of the table.

4. The seat should be sufficiently high, so that the child can when writing conveniently rest the forearms on the table without raising the shoulder and without bending the neck or leaning forward. The lower part of the child's back should be properly supported, when the scholar is reading, by means of a short chair back.

These conditions vary with the growth of the child, and the above measurements should be repeated, and scholars assigned suitable seats at least as often as once in six months.

Two or three sizes of desks are usually sufficient. The hands and arms should have free movement and the

feet should be as far forward as possible under the table or desk. The surface of the desk should be at a certain distance from the seat, about one-eighth of the pupil's stature + 4 centimeters, is the average. In order to avoid stooping and looking directly down, which causes too much strain, the desk should have a certain elevation, *i. e.*, the books and particularly the writing material should be placed on an inclined plane. The inclination should be greater for reading than for writing. An inclination of 15 degrees for reading is sufficient for comfort. As it is often very difficult to keep the child's head erect, a number of appliances are used for this purpose, the simplest being a strap attached to the high back of the chair and then passed around the forehead. There is usually a greater tendency to bend over or sit sidewise when writing. These injunctions are not only to be strictly observed at school, but are equally important at home. A working-table, made according to the plan mentioned, should be the home substitute for the school desk.

Writing Material and the Print of Books.—It is time that slate and pencil were discarded, especially with small children. The reflection of the slate and the grittiness of the pencil make the writing indistinct, which necessitates bringing the work too near, and therefore induces eye strain. In the first year pencil and white paper are the best to use; though more expensive they are less injurious.

A very important factor in the eye disturbances is the poor print. Typography deserves special attention—the size of the letters, their distance apart

and the interval between the lines. To prevent annoying movements of the eyes, the length of the lines must not be too great; about 90 or 100 mm. is long enough. Latin letters are preferable to Gothic or any others on account of their simplicity.

Methods of Instruction.

Improper methods of study and unwisely directed plans of instruction have not only been productive of great evil to the eyes, but even the intellect has suffered severely. Children should not be forced into continual work, but should have intervals of rest, in which to sit erect and look in the distance and thus relieve the mental and physical strain of study and the cramped position necessary to near work. Therefore the recess is a valuable adjunct in the plan of study. It would be very beneficial to the pupils, especially of the lower classes, if they had their afternoons free, in order to be in the open air and get the proper amount of out-door exercise. The amount of study to be done at home should also be lessened, and on no account should writing at home be required. Some authorities consider even the memorizing of certain studies, such as geography or history, injurious. An excessive amount of copying and preparing for examination has a baneful influence in the case of near-sighted children, not only on account of the strain of the near work, but because of the excitement and the nervous condition, which produce an increased flow of blood to the brain and eyes. Too much stress is placed upon the beauty and correctness of the handwriting and not enough on the erect posture of the child. In the first years of school life

the children should not be incited to rapid progress and quick learning.

This is the time when the near-sight manifests itself and is liable to increase. In schools for girls the hand-work, and especially white needle-work and other fine work, are most decidedly harmful. Near-sighted children should avoid excessive exercise or any great exertion that will increase the heart's action, and should also not indulge in too much eating. Alcoholic stimulants should only be permitted by advice of a physician.

A few remarks about the school building may, in this connection, not be inappropriate. In the first place, cleanliness possesses a great significance. Though it may require a great deal of trouble and care and some expense to keep the school building neat and clean, this task should not be shirked or neglected, as the health of the pupils and teachers is at stake. The dust-laden, infected atmosphere not only causes inflammatory and infectious diseases of the eye, but is also harmful to the general health. All tapestry is out of place in the school room. The walls, if possible, should be covered with oil color or light brown wooden panels. The floors should be of oak boards and well oiled or, if fir-wood (deal) is used, it should be covered with an opaque color and lac to prevent the entrance of filth. The general health should receive conscientious attention, as near-sighted children are often weak and poorly developed. If their near-sight is of high degree or causes them any trouble, it is better not to send them to school until they are older and stronger, or if the near-sight becomes progressive while at school, they should

stop school and take a rest of several weeks. Sufficient rest and sleep are necessary at all times.

The question of occupation, later on, is a matter of vital importance, as very near-sighted children should not be apprenticed to any occupation requiring near work, such as the jeweler's trade, or that of making instruments of precision, or embroidering, or engraving, etc. All other considerations, as the ambition of parents or even the inclination of the child, should be secondary to the care and protection of the eyes and general health. It would be of great advantage if the teacher in the public schools possessed the requisite knowledge of hygiene, an intelligent and practical understanding of these requirements, and did not neglect to enforce them. Lectures to the teachers and pupils would be of considerable benefit, and a school physician should diligently and thoroughly observe the hygienic conditions, and examine the pupils at regular intervals; this can be systematically done so as to obtain correct statistics, which would be of great importance, and assist materially in insuring all possible improvement in the ocular and general condition of the scholars.

It would be well if the advice of one of the most intelligent investigators of near-sight were followed, and a certain rule of inquiry established, so that the hygienic measures would be ever kept in mind and observed. The inquiry is as follows:

1. What position do the windows occupy, *i. e.*, what exposure have they as regards the heavens?
2. Is the entrance of light ob-

structed by neighboring buildings, trees, etc?

3. How are the windows situated, do they lie to the left, right, front or back of the pupil?

4. What is the relation of the entire glass surface of the windows to the floor surface of the class rooms (in square meters)?

5. How great is the distance from the seats farthest from the windows to the windows?

6. What is the height of the lower border of the window (glass surface) from the floor.

7. Ascertain (a) if the ordinary writing on the blackboard can be recognized from the worst situated part of the room, granting that there is normal sight; (b) the acuteness of sight for small print read from a book placed on a desk in the worst illuminated part of the room. This is to be ascertained by the physician.

8. If artificial light is used, to what extent or in what compass, and how is it obtained?

9. Are there seats of different sizes for the different-sized pupils in the class?

Hereditary Moral Traits and How to Meet Them in Training Children.

If the mother or nurse has even an incomplete understanding of the child's mode of mental development, she will be saved a vast amount of worry and unrest. She has only to remember that the infant (any child under three years) unfolds its character as the parts of the bud gradually unroll into the flower, and she will not place so much stress upon special developmental changes. Because of its imperfect knowledge and experience, many unpleasant traits are for the time being uppermost in any child. Some of these will be considered in the following hints. At first glance the following headings may not seem to have direct bearing upon moral training, but their relation appears as one reads on.

Impulsiveness.

During the early development of the will, a stage varying greatly in differ-

ent children, they are seen to do only that which they like or dislike. Having no comprehension of cause or effect, or, as yet, any judgment to guide them, this is not strange. Indeed, many "children of older growth" act mainly from their desires and aversions. Hence, "what they want, is what pleases them at the moment, or what they remember to have been pleased with; what they dislike, is whatever displeases them or has displeased them." (Perez.)

Remember this, the mother will have more patience with the exasperating obstinacy and willfulness of the child. A young child should never be punished for persisting in his desires as he may oftentimes with much noisy remonstrance, unless he goes so far as to get into a passion. A little tact will attract his attention to something else

and quiet the storm ere it reach that extreme. Impulse, without reason and judgment, accounts for most of the mental excitements of infancy, and affords no real clue whatever to the character of the child. No mother should mourn such outbreaks as significant, for they usually are not until after three years. Impulse, too, is due to the impossibility of fixed attention in infancy, as was mentioned in a recent article, and is the cause of all the weakness, fickleness and caprice of this period of life.

Association of Ideas.

When ideas actually begin to find a place in Baby's mind—and with some precocious ones this is as early as six months—the next step is that of connecting them. Every mother has seen the baby crow and manifest delight at the sight of his carriage, which has come to his mind to imply a ride in the sunshine or the park. That is a simple illustration of association of ideas. The importance of noting this new power lies in its bearing upon all the rest of the mental and moral life. By gradual progress from easy to easy and like to like, he soon comes to make little comparisons and contrasts, apparently even before he can talk. As he grows older, aside from having all his impressions correct and proper ones, it is very essential that he associate them aright. In other words, he may have many a precept, many a "line upon line," but unless he can actually see those precepts practiced by those around him, by association of ideas, all precepts will be worse than wasted. For instance, it is entirely useless to insist that a child shall tell the truth, and at the same time let him catch you

even in an apparent untruth. Many such experiences will completely unsettle him and finally cause him to utterly disregard your precepts.

Dreadful Stories and Scenes.

If you allow the nurse, or any one, to tell your child dreadful stories, alarming in their nature, as of hobgoblins, spooks, etc., you must expect by this same law of association that his emotions will become too easily excited and permanent moral harm be done. Because of such carelessness many a child has been tortured, for instance, by a fear of the dark. Some foolish story very early in life, a story not to be recalled, perhaps, left the association in his mind, and only much exercise of will and reason suffices to drive it out again, and then not always until far into manhood or womanhood. The same is true of terrible scenes. We never could see the propriety, indeed, it always seems to us morally highly improper, for young children unnecessarily to look at dead bodies or be present at funerals. No one can tell how such scenes may act upon imaginative minds, or how long by association they may involve wrong inferences for both theory and practice. It is far better to let the inevitable come to them in later years when more reason can be brought to bear against the shock. Never let a little child fall into the excitement of a crowd, or witness sickening accidents, for his power of association cannot be measured.

Training Ideas.

All this seems and is rather abstract. But if the mother will strive to recognize the most apparent and habitual lines of association in the little one's mind, she will thereby gain a secret

lever by which she can, to some extent, move the springs of character. In all her instruction, mental and moral, this knowledge will give her great advantage over any other teacher, an advantage that belongs by common consent to every intelligent mother. Who but the mother will take the pains so to understand her children, and to whom will they be more safely bound in later years? From the selfish standpoint of a parent, if from no higher motive, the increased love and respect spontaneously given by children thus treated, simply because they feel most keenly in later life that their mother took pains to understand them, repays for the necessary effort a thousand-fold.

Such instruction should begin of course with the senses. Little by little, as these become better than those of savage and certain animals, through experiences of the parents' own careful choosing, the faculty of judging and acting connectedly should be cultivated. For instance, if you have taught your child to form some estimate of distances, *i. e.*, trained his vision, beginning with the simple units of measure, you can lead him on to a comprehension of long distances and finally into some idea of the mighty spaces taught in astronomy. Whether the object be purely intellectual or ethical, the correct foundations must be laid very early by inculcating the simplest first principles, and insisting upon their being rightly and thoroughly understood.

Imagination.

Very young children, especially those of delicate nervous organization, should not be left alone for any length

of time in their waking hours, for, even if entirely well, they will soon be heard to scream lustily. Grief and anger do not account for all this, since the free play of these emotions, at a very tender age, gives rise to we know not what sentiments and images of the imagination. Bright children of three years and upwards have much imagination. This is an inherited trait which should have prompt recognition by the mother and as prompt direction. A boy of our acquaintance about five years old, well drilled in biblical literature and much given to imaginative flights, came home from school on May 29th, and told his mother that the next day was "Resurrection Day!" Such a mistake should not be laughed at, but rather taken as an index of a fine mental quality which should be carefully trained by proper reading and instruction as the boy develops. Such children live in a realm of poetic fancy of their own creating, and should be treated with the utmost tact and gentleness. Harsh punishment is never right with imaginative children. The majority of children, in fact, are mentally as well as bodily very sensitive to blows. Many parents can recall the pitiful, trembling little figures shrinking in every fibre. Rather should children be governed by appeals to their emotions and desires. The forfeiture of a promised trip, as punishment for disobedience, or a day in bed away from his playmates, means more to such a child than several "whippings," and will have far better moral effect. The old man who has not yet forgiven his mother for the "thrashings" of old days (quoted by Perez) is a needed warning to some parents.

Judgment.

Do not expect this faculty to be developed too soon in a child. For the first years the child conforms to the following description by Perez: "All that they see, they believe exactly as they see it. All that is told to them, rises in vivid images before them. All the ideas that are suggested to them, appear to them in a visible form (by the exercise of imagination, without judgment), and they instantly proceed to execute or imitate them. All this explains the powerful influence of example on these pliable little spirits, and also the contagious effect on them of sentiments expressed by words and gestures." A little girl of two and one-half years is run away with and thrown out by a horse after which she has constantly ridden. Upon going out again behind him after the accident, she reassures herself by telling her mother, "He won't make fool any more, will he, mama?" She had often heard her father call the horse "an old fool" for not behaving on the road, and expressed herself in her father's terms.

Later, when judgment is evidently

asserting itself, the parent should always take into account children's many sources of error, viz., the spontaneous and often incorrect use of their own untrained faculties, their mistaken understanding of language, and, more than all, his own misinterpretation of their language as conveying special meanings to their minds. Instructing children properly, meeting all their mistakes without injustice, and still retaining their respect and affection, requires all the acumen of most parents, and involves far more concentration of thought and purpose than is usually given, in order to bring about desirable results. A well-known and brilliant pastor of a large city church once told us that he often felt that, even after twelve or fourteen years of careful observation and conscientious study, he did not yet know his boys as he should, so varied and unexpected were their mental moods. Every thoughtful parent can understand this. Our purpose will be accomplished if we emphasize the necessity of parents beginning this study very early in the career of their children.



Whooping Cough and Its Complications.

It is important for every mother and nurse to have some knowledge of the manifestations of whooping cough, as, owing to its highly contagious character, comparatively few children escape attack. The disease is also liable to be serious, and occasionally fatal, from its complications. The age of attack is usually between one and ten years, although no period of life is exempt. Adults, as well as new-born babies, may have the disease.

Volatile Nature of the Poison.

In most contagious diseases, the poison clings to the person affected, not extending much beyond one or two feet from the surface. It is true that in scarlet fever and diphtheria particles of the virus can be carried to distant points by handkerchiefs and like articles, but it does not project itself through the air from the diseased person. In whooping cough, however, the poison has a much more diffusible character, spreading itself through apartment and tenement houses, and attacking children not brought into immediate contact with the affected person. After exposure, there is usually an interval of from two to seven days, known as the period of incubation, before the first symptoms become manifest. A longer period may elapse, but a week may be considered a good average.

Stages of the Disease.

Like the other contagious diseases, the symptoms come on in groups, which, however, vary somewhat, according to the age of the patient and

the severity of the disease. Whooping cough may be divided into three periods, known as the catarrhal stage, the spasmodic stage, and the stage of decline.

The Catarrhal Stage.

The disease begins like an ordinary cold in the head, with some sneezing and more or less discharge from the nostrils. The eyes may be somewhat watery, but not so marked as in measles. A cough soon ensues which is apt to have a persistent and teasing character, but nothing is raised with it. These symptoms continue unabated for several days or a week, except that the cough becomes worse at night. In most cases this stage lasts from ten days to two weeks, when a more marked character of the cough ushers in the

Spasmodic Stage.

At this time the child is suddenly seized with severe fits of coughing, generally without any premonition, in which a succession of forced expirations is followed by a long, crowing inspiration. Such a coughing spell may be followed by vomiting, if food has recently been taken. The mouth is nearly always filled with frothy mucus at the end of the cough. During severe paroxysms the face becomes flushed and puffy, and if this congestion is prolonged there may be bleeding from the nose. These coughing fits are apt to be most frequent at night and when the child becomes excited from any cause. The gravity of whooping cough depends upon the number and

severity of those paroxysms during the day and night. In mild cases, eight or ten light paroxysms through the twenty-four hours produce little inconvenience. In severe attacks, however, several severe coughing fits every hour lead to marked exhaustion, and the repeated vomiting, so often induced by the coughing spells, may be followed by a rapid failure of nutrition. Although the paroxysm is apt to be more severe when occurring at long intervals, the child quickly recovers its equanimity; but when the coughing fits come very often, even if not so severe, the results are more disastrous. The duration of the spasmodic stage is, on an average, from one to two months, and is most severe about the third week. In infants under a year old there are one or two peculiarities in the manifestations of whooping cough. Thus, the spasmodic cough begins almost at once, without any preliminary catarrhal stage, and the whoop is usually absent. There is simply a spasmodic cough, coming on in paroxysms, with redness of the face, watering of the eyes, and apparent breathlessness, frequently followed by vomiting. Many babies have this kind of cough for weeks without its true nature being suspected, and thereby spread the disease among children who could have been protected.

The Stage of Decline.

The beginning of the decline of the disease is marked by a lessening in the number and severity of the coughing spells, which gradually lose their spasmodic nature. The average duration of this period is about two weeks, when the cough ceases altogether, or

assumes a mild catarrhal type for a few days longer.

Complications.

The possible gravity of whooping cough depends upon certain complications which should be recognized early in order to be vigorously combated. It is safe to say that a child should be bright and apparently well between the paroxysms of coughing. If this is the case, even though such paroxysms be severe, there is no very grave complication ensuing. When, on the contrary, the child leaves his toys, showing no interest in the accustomed amusements, is somewhat feverish, and, in a word, appears ill, the case is not pursuing a proper course. The complications may be divided into those affecting the breathing organs, the digestive tract, the nervous system and the general constitution. A bronchitis affecting the larger tubes is one of the regular accompaniments of the disease, but not infrequently the catarrhal inflammation spreads down into the smaller tubes, and then the child coughs harder, breathes a little quicker between the paroxysms, and has some elevation of temperature. If this condition is not recognized and the proper steps taken, the inflammation may extend to the smallest bronchial tubes and finally to the air-cells in which they terminate. We then have catarrhal pneumonia, which is a very fatal complication, since the frequent paroxysms of coughing are apt to cause a constant spread of the disease to adjacent air-cells, thus inducing an extensive and prolonged attack. The irritation of the pneumonia itself

usually increases the number of the paroxysms, and thus a vicious reaction is induced between these two conditions, each making the other worse.

The digestive complications may become important, especially in hot weather. The occasional vomiting occurring during the paroxysms of coughing may eventuate in such extreme gastric irritability that proper nutrition cannot be maintained, and dangerous failure of vitality may ensue. Intestinal indigestion may likewise further complicate the disease. When diarrhœa is added to the vomiting, the outlook may be grave, particularly in summer. It is difficult to treat such a diarrhœa, which proves intractable to the ordinary remedies. The commonest nervous complication is an attack of convulsions. The seizure is usually during or just after the paroxysm. Any twitching of the muscles of the face or extremities, or forcing of the thumb into the palm of the hand, must be looked upon with alarm as indicating danger of an impending attack. Among the constitutional complications may be mentioned the eruptive fevers, especially measles. The combined effect of whooping cough and measles upon the lungs is such that pneumonia of a very severe type may be induced. The catarrhal condition of the bronchial tubes in whooping cough affords a favorable soil for infection by tubercle bacilli or germs of consumption. Tuberculosis as a complication, or rather sequel, must be carefully guarded against. We have recently seen a child of three years, who, during an attack of whooping cough, was constantly in

the company of a consumptive having abundant expectoration. After the decline of the whooping cough, a failure of nutrition and constant cough led to a careful examination, which revealed the existence of consumption in the child. We must thus remember that a patient with whooping cough is unusually vulnerable to the germ of consumption, so that these two classes of cases should be kept apart as much as possible. We have seen from a consideration of these complications that this disease, even in the mild form, must be carefully watched. The phrase *nothing but whooping cough* sometimes heard upon a mother's lips, and implying a lack of appreciation of the possible course and outcome of the disease, is never uttered by a physician who has seen many cases.

Recurrence of the Whoop.

A peculiarity of the disease is that for one or two years after the attack, the cough accompanying every cold of bronchitis is apt to assume a spasmodic type. There may be a paroxysm and a whoop, but this phenomenon disappears with the cold. It is from this fact that one hears attacks of whooping cough lasting for a year or more. Such statement, however, is incorrect, as, owing to the peculiarity just mentioned, any cough assumes the type without really being whooping cough. Children should be carefully protected from exposure to cold during recovery, and afterward, for some time, in order to avoid this spasmodic cough.

Treatment.

The hygienic management alone will here be discussed, as medical treat-

ment of such an important disease should always be in the hands of a physician. As a general rule, the children should be kept as much as possible in the open air. In wet and stormy weather, however, they must be kept indoors, as much harm may be done by an unintelligent application of the out-door rule. On this account summer is the most convenient season in which to have the disease, as the children, by being constantly in the fresh air, suffer less from the number and severity of the paroxysms. Even at this time, if the weather is such as to predispose to colds and bronchitis, to which they are now unusually sus-

ceptible, they must be carefully protected from exposure. The sleeping and living rooms should be well ventilated, so as to allow an abundant access of fresh air, without drafts. Light and easily digested food must be given, and, if vomiting is frequent, a glass of milk or beef tea may be administered shortly after each attack, so that nutrition may be kept up. Toward the close of the disease, particularly if the child be run down, a change of air is beneficial, particularly to the seaside. Sea air seems to have a soothing and invigorating effect upon this affection, and is curative in cases in which the cough tends to hang on indefinitely.

Nursery Problems.

L. A., Aberdeen, S. Dak.—The little boy has been retarded as the result of so many illnesses and physical disadvantages so that, as you say, he "is almost a year behind his age." Ordinarily we should permit eggs to a child of his age with whom they agreed. And as in these cases of retarded development the retardation is not universal, we should be inclined to try the eggs in his case, at least occasionally, watching, of course, for signs of indigestion of any sort. If he can digest them they will be distinctly useful.

M., Cooperstown, N. Y.—The peculiar breath is well known. We have generally supposed that it depended upon some change in the food after it was swallowed; in other words, upon some faulty digestion, and have generally seen it yield to treatment di-

rected thereto. The smell of catarrh is very offensive, but is rather more that of decomposition. It is generally lessened or removed in young children by cleansing the nasal passages and throat. The "match-like" smell we have thought to be breathed out from the deeper parts. There may be other causes for it than indigestion.

L. P., Fort Leavenworth, Kansas.—It would be impossible to say, even if we had seen the child, whether or not the convulsion arose from the irritation of the teeth. Our belief is that this irritation, coming at the time of an acute attack of dysentery, may have been "the last straw." But on the other hand, we believe that cutting of the gums is not harmful, and if any evidence appears, on search, of tenderness, tension or irritation of the gums, it is wiser to use the lancet on

the chances than to leave the gums alone. No one can promise that a convulsion will not follow, but one source of irritation will have been guarded against. Such sudden attacks of intestinal trouble are very suggestive of some specific poison at work, just as is probably the case in true cholera infantum and the convulsion might occur independent of any trouble with the teeth.

M., Sioux City, Ia.—We see no force in the objections of your critics. A child of twenty months ought not only to "draw itself up" but can usually run about well; we cannot see the harm of his drawing himself up, nor do we see how looking over the edge of the box can make the child cross-eyed. The squint in all probability is neither caused nor aggravated by the box if it is big enough for her to have a proper distance between her eyes and her toys—say an arm's length.

F. B. D., New York City.—It does not appear from anything you have said that bone is really lacking. Your lack of flesh diet may have been made good by other animal diet, milk, eggs, etc. And your milk since you have resumed general diet may have been all-sufficient for her needs. The simple delay of teething by itself, that is, unsupported by other symptoms, cannot be taken as proof of rickets, the disease we suppose you mean by "lack of bony element." It is true that excessive fat and constipation are also suspicious circumstances. But in this case we believe that good food is the only medicine needed. Possibly a little syrup of the hypophosphites might be of advantage.

B., Nelsonville, O.—There is no "best thing" in the sense of a medicine; care of the mother's diet is a useful preventive. If the colic is attended with accumulation of gas, the discharge of the gas generally gives relief. If the gas seems to be in the stomach warm drinks, either simple water or water with various carminative elixirs (peppermint, anise, etc.) assist the discharge. If the colic is in the intestines, then relief must be by the bowel. An enema of warm water, say a gill, generally starts the gas.

L. E., Savannah, Ga.—It would be hard to select a less judicious article of diet than the ordinary dried currant. The instance quoted shows, however, that digestions do exist equal to any emergency.

D., Richmond, Ky.—The poison, or contagium, of whooping cough is generally supposed to be very volatile, *i. e.*, easily spread about in the air. It therefore is very easily contagious if a sufferer be brought near others who are not protected, while for the same reason the poison is thought not to cling to apparel, and hence to be not portable, at least any considerable distance. The disease is communicable from a person as long as the cough continues.

P., Adams, Mass.—Unfortunately most children of her age do not sleep the night through. It is true that they should not be fed or nursed at her age during the parent's night; that is to say, should be nursed when the mother retires and again in the early morning. If she wakes she will probably need changing and may be given

a little water. At first she will represent the loss of her customary nursing, but she will accept it especially if the mother is away from her for a night or two. Frequently the breast by seven and a half months is no longer sufficient for the needs of the child. Then some additional food is called for, and often a good feeding of proper food at night will last longer than the nursing did.

F. B., Covington, Ind.—The symptoms are very suggestive of over-distention of the stomach. A child at four weeks can rarely take comfortably more than two fluid ounces (four tablespoonfuls), and if your flow of milk is large, and particularly if it contain a good deal of solid matter—butter, casein, etc., the regurgitation would very likely follow. If the trouble still continues we would see that she gets smaller meals. The repeated demands for food are the results of the indigestion, not of normal hunger.

M. E., New Albany, Ind.—By tuberculosis is meant a diseased condition, either local or general, dependent upon the presence of certain morbid growths known as tubercles. Once the word tubercle was used in medicine in its original meaning, as a diminutive of the word tuber, for any kind of nodule, whether of bone or any other kind of tissue. But gradually it has been more and more restricted until it now signifies a morbid growth of a peculiar kind. It would be out of place here to give a description of the structure of tubercle. It need only be said that each tubercle is very small and that great numbers

must be massed together to produce a deposit as large as a boy's marble.

M., Rome, Ga.—Let Baby have two or three times a day half a minim of tincture of nux vomica in some aromatic water, and put a drachm of glycerine into his enema, and we think you can get on without purgatives.

C. D., St. Louis, Mo.—We would suggest giving the strained oatmeal, with the addition of cream, increasing until enough fat is given to keep the bowels in order. We do not quite understand whether there are four meals only or four besides the 2.30 meal. In the latter case the amount of food is certainly ample.

G., Southbridge, Mass.—There are several forms of gum which are more or less likely to be met in early infancy, known as "white gum" and "red gum" in proportion to their severity; there is a third form, the "rank red gum," which is severe enough to cause some general symptoms, but this is rarely observed earlier than the first dentition. While the rash may, and usually does, occur in the first few days of life, a reappearance may be expected upon any protracted spell of indigestion throughout babyhood, especially in the teething period. From its prevalence in this latter portion of the child's life the name is doubtless derived; and another term, "tooth rash," is, for similar reasons, sometimes applied to it.

M. O., Spartanburg, S. C.—Sugar in moderate quantities, properly mixed with food, has no marked effect upon the bowels; but is, especially the

coarser varieties and molasses, esteemed slightly laxative, although, when mixed diet is taken, the effect is not easily distinguished from that of the food upon which it is usually eaten. Sugar in excess, especially in children, often excites a disordered condition of the digestive tract, which may be attended with constipation, but more commonly with looseness, or with alternation of the two conditions. It is, however, proper to try brown sugar or molasses as a remedy, when needed, for constipation. But, on account of the disadvantages just mentioned, it should be given with watchfulness, and the child should not be allowed to consider unlimited sweets as a part of its dietary.

S. C., New Bedford, Mass.—In answering the inquiry as to how long a person having a contagious disease can transmit the affection to others, the following generally accepted tables may be given:

Measles—From the second day, for three weeks.

Smallpox—From the first day, probably three weeks.

Scarlet Fever—At about the fourth day, for six or seven weeks.

Mumps—About three weeks.

Diphtheria—About three weeks on an average, and often as long as the bacillus remains in the discharge, which may be many weeks.

D. T., Mexico, Mo.—The dressing of the naval at the present day is a much more simple operation than formerly, when the scorched linen and pot of grease were the necessary accompaniments of the infant's first toilet. Now the physician merely dusts the part with some dry anti-

septic powder, and leaves it free without further dressing. About the third or fourth day the cord drops off when treated in this manner, leaving a healed surface, which usually requires no further attention other than being kept strictly clean. Since no dressing is needed at the navel the bandage becomes a superfluous garment. In fact, in the light of our present knowledge, it is demonstrated that its supposed necessity is without foundation; and further, that serious discomfort and grave accidents are easily produced by its use.

D., Colorado.—You give us too little information to enable us to form a judgment of the cause of the child's fretfulness. If we were obliged to guess, we should say pain in the gums and indigestion.

D. N., Aiken, S. C.—It is wise to prevent or cure the foreskin irritation if possible. The best preventives are: making sure that the parts are thoroughly dry after each passage or urine, and seeing that the tender place is not irritated by any garments. Besides, the use of soothing powder or ointments, of which bismuth powder or zinc ointment are good examples, will tend to heal any existing irritation. It is true that children do usually escape from these night-terrors as they grow older, but we would suggest watching carefully for any convulsive movements, and, if noticed, consult the physician again.

L., Crisfield, Md.—Every mother who is feeding her infant with cow's milk, should be able to recognize an undue amount of acidity in order to reject the milk before it is capable of doing harm. There are two ways by

which such a discovery may be made. In the first place, by the smell and taste. Milk that is sour enough to be appreciated by these senses is obviously unfit for use. Not infrequently, however, milk that is acid enough to produce disturbance in the infant, may not show a very decided change to the taste. In such a case it is necessary to test with blue litmus paper. This can be procured at any drug store. When a strip of this paper is dipped in milk, or any other fluid that may be acid, the blue color changes to a more or less bright red.

R. I., Milwaukee, Wis.—We believe that the safest way for you is to keep right on as you are going, letting Baby suck as much as she will and feed her when you must. After the salivary glands are well developed, as probably they are already in your baby, the sucking process is less necessary to excite a flow of saliva than it is earlier.

P. A., Nashville, Tenn.—The occurrence of pain in the ear is a pretty positive sign that this organ is not in a perfect condition, or that some part in the immediate neighborhood is diseased; thus, besides disease of the ear itself, such pain may be due to the impaction of wax in the ear canal, or to throat or nose trouble. Hence *removal of the cause of the pain* by the specialist would naturally be most advisable. To relieve the attacks of earache, when the cause is unknown, the instillation of hot salt water will be found most efficient. The salt water should be prepared by dissolving a teaspoonful of table salt in one pint of water. This should be used as hot as can be borne by the sufferer, and

should be poured into the canal of the ear by a teaspoon and then allowed to run out again by inclining the head; this may be continued for half an hour or an hour or less, until the pain ceases; or this may be done by allowing the hot salt water to flow into the ear from a fountain syringe held not higher than one foot above the level of the ear. After the use of heat in this way, a large piece of cotton wadding should be placed over the ear and covered by a layer of oiled silk.

M., Dallas, Tex.—The best baby carriage is one strong enough to stand work (rattan, for instance, although somewhat costly at first, is very enduring), with good running gear and sound springs. We like an adjustable hood to the carriage rather than umbrella, as it is serviceable in cold and in hot weather, and may be detached altogether if preferred. On the other hand, unless the servant is very observing and careful there is draught from behind under the hood which should be shut off by a curtain. This can easily be added.

A. B. M., Middleburg, N. Y.—The abdominal walls of the infant do not need to be supported any more than any other part of its body. Nature has not left this region in such an unfinished state that a mechanical appliance is required to protect its weak places. The walls are composed of thick layers of muscles, and the points that furnish the least resistance are at the navel and in the groins, consequently here is where rupture is most frequently observed; but that a bandage ever prevents its occurrence is doubtful, while it is certain that one too tightly applied often causes it.

The Mothers' Parliament.

Laurence's First Sleigh Ride.

Winter came—snow came, and we suddenly discovered there was no sleigh for little Laurence! Then we set our wits to work, and asked all the relatives and friends to set theirs to work too. You see we were in a little village and did not wish to send miles away for a handsome and expensive sleigh, for the days when it could be used were few and uncertain.

By and by, as the result of much thinking and much research, Great-aunt Sarah sent the big old sled she had used when a little girl and which was of the strong and massive proportions in which our ancestors delighted. But nine-months-old Laurence could not sit bolt upright on this, so empty boxes of different sizes were brought from attic and woodshed, and at last one was found suitable in depth, and breadth, and thickness, and then it was securely nailed to the sled. We laid down a soft mattress and then the corners were filled in with a bright-red Mexican blanket whose warm colors laughed the winter's chill to scorn, one end of which was allowed to drape gracefully over the back of the box. Into this inviting nest Baby, arrayed in all his winter's wraps, was tucked, a fur robe put over his lap, and at the last moment some boards which had once formed part of the cover of this queer vehicle were made to do service as a support for back and head, and away went Master Laurence for the jolliest, funniest ride he had yet known in his little life.

On his return his mother, struck by

the picturesque effect of the sleigh and its little occupant, prolonged the fresh air getting, and running for pencils and paints made a permanent record of the day's event, and one which in years to come the baby that was may show to grand babies and great grand babies to be.—*F. L.*

How One Baby Is Kept Covered at Night.

My baby is a restless, active little fellow, and I had many wakeful nights, trying to keep him covered, till I hit on an experiment that may be useful to some other mother. Our bedroom has no heat except what comes in the door from the entry, so he wears a flannelette nightgown, opened and hemmed both sides all the way down the back, but fastened tightly, as far down as the waist, by flat buttons and button-holes. Over this on cold nights he has a light woolen knit sacque, high neck and long sleeves.

When he is ready to go to bed I lay on the big bed a large baby blanket, made of a square of heavy double-width flannel. Just below the upper hem, and in the middle, I put a width of thick cotton flannel, folded once to make a square. On this I place Baby so that his diaper rests entirely on this cotton flannel, and the top of the blanket covers the sacque behind. I then draw the right side of the blanket across his breast, under both arms, the left over it the same way and secure it just in front of and below the right arm with a safety pin, making sure that it goes through a bit of the night-

gown. Another pin is placed half way between the knee and foot, the nightgown having been quite drawn away from behind and only covering the legs and feet in front. I then take my long-tailed mummy, lay him carefully in the crib, where another square of cotton flannel has been placed, and tuck in the long tail of his blanket under the foot of the crib mattress, leaving it a little loose so that he will not feel that he is fastened. I usually change the diaper and the cotton flannel square once in the night; the nightgown is never wet, and the blanket in which he is wrapped and the crib sheet very seldom.—*P. T.*

A Cure for Thumbsucking.

Occasionally requests appear in *BABYHOOD* for advice in regard to conquering the thumbsucking habit. As I have been so fortunate as to effectually break the habit in two children by following an original method, I will offer it to the readers of *BABYHOOD* as a suggestion that may prove of value to some of them.

With my first baby I made ineffectual efforts to stop the habit in her infancy. She was a nervous baby and would not be happy without her thumb. Her teeth came with difficulty. Finally I concluded to let her suck her thumb all she chose until she had finishing teething. When the twentieth tooth was finally through she was twenty-eight months old. It was winter, and her thumb was slightly chapped. I explained to her that her thumb was sore because she sucked it, and she agreed to try to stop doing so. Thus with her consent and approval I cut a finger from an

old kid glove and fastened it securely on her thumb by means of strings. I used two long strings, one passing down the back of her hand, the other down the palm, and both being tied around the wrist. The strings were sewed to the glove finger, the whole making a somewhat complicated harness. Lest her baby resolutions should not hold good even then, I fastened a similar glove finger on the thumb not usually sucked. The child was greatly interested and very proud of her new adornments. Occasionally the little gloved thumb went up to her mouth, but it never went entirely in. The tug of war, of course, came at going-to-sleep time. But two days were sufficient to entirely break the habit of two years' standing. At the end of that time the child went to sleep as quickly without her thumb as she formerly had done with it. As a precautionary measure I kept glove fingers on those two little thumbs for two months, only removing them for the sake of washing the hands. When I finally laid them aside, the little one begged for more glove fingers, but my stock of old gloves was exhausted. I think she looked on the glove fingers as a regular part of her dress, and had forgotten why she wore them. At all events she never sucked her thumb again. I could not tell at the end of the two months by the appearance which was the thumb that had been sucked.

With my second baby I had an entirely similar experience, except that she sucked one forefinger instead of her thumb. The third baby is now peacefully sucking her thumb, but it is only a question of about a year

before she will be undergoing the patent method of cure.

The disadvantage of this method is obvious. If a baby is liable to injure the shape of its mouth by thumb-sucking, the mischief will probably be done during the first two years. The advantage is that the child intelligently breaks the habit without too great a strain on its own will and without disagreeable shocks. If the habit is broken in a young baby it is very easily resumed, but no child of two years old or more will take up the habit of thumb-sucking when once broken of it. The minor advantage that it does help a baby to be contented to be allowed to suck its thumb will be disputed by many, but many will admit its force.—*M. P.*

The Treasure House of Memory.

An old gentleman once urged upon his hearers (for he was a clergyman) the desirability of storing up pleasant memories for old age, telling them to travel, whenever they could, and to see and hear pleasant things within easy reach, so that when age crept upon them, or eyesight failed, they might sit with folded hands, happily living over the pleasant happenings of by-gone days.

Ought not we thus to fill our child's treasure-house of memory with bright pictures and sweet experiences for his future years? The truth was known, even in the time of Plato, that the days of childhood are more vivid to the memory of the aged than those of later years; so we must not fancy that our endeavors to make our children happy have their fruition only during the fleeting pleasure, for in their little brains a bright spot remains, a living

memory, which, years after, will shine out and speak to them, cheering sad hours or amid the discouragements of life driving forth despair. It is often difficult, when one is weary, to give our little ones such pleasure as are within reach, and sometimes does not seem worth while, but, with this thought of future benefit to help us, the exertion seems of greater use. Besides which it is not only those extra pleasures which fill the memory with brightness, but pleasant words and sunny smiles may well fill those spaces which otherwise would be but blanks.

There is, too, a reverse to this idea, and all too easily this house of remembrance, instead of being full of treasures, may contain only the recollections of dark days, evil sounds, of a home made unattractive by cross and angry words—the mind so full of such unhappy memories as to drive one from it. Thus we should doubly strive to fill this house of the brain with beauty and to keep from it that which is unworthy. And the crowning memory should be that of the mother. No cloud of anger in those eyes should dim the picture, no frown linger in the years to come, when she whose image thus dominates the heart has been long laid to rest.

Surely we, thinking of these things, and pondering upon them, should strive ever to so watch our words, our looks, our every action that the faultless camera of our child's brain may carry forth into the future a good likeness, to be a blessed heritage of which the vicissitudes of life cannot rob him and which no evil years can dim.

Thus may such memories help the faltering ones and lead weary souls ever upward.—*S. D.*

Keep Your Prescriptions.

In looking over a past issue of *BABYHOOD* I find an inquiry regarding prescriptions which the doctor gives to be put up at a drug store, asking if these may be retained by the customer. It prompts me to say that whenever one hands a prescription to a druggist he should ask for the return of his prescription with the medicine it orders. There is no reason why the druggist should keep it and paste it in his book, as he will otherwise, except one of convenience. Pasting the prescription saves his writing it in his book, that is all.

It is right and wise for one who has bought this prescription of a physician to keep it for whatever value it may have in the future. Most of such may be used again with equal value. Some of these prescriptions, in my own case, have become common household remedies, repeated and kept on hand constantly. Yes, keep each prescription, but mark it with memorandum explanatory of the case it cures, the patient who used it, the effects, and any items that will serve to make future reference to it more plainly valuable. One easily forgets about such things, and then fears to employ the prescription at all.—Y.

About Women's Clubs.

One of the drawbacks of women's club meetings is admittedly the lack of good speaking voices. To partially remedy this defect there are to be a number of classes this winter in this city where clubwomen will be trained in the vocal art of public speaking. A clubwoman noted for her musical voice and clear enunciation discussed the subject this week as follows:

"Nothing is more needed at this stage of club development and usefulness than the general realization that

Baby Laugh

The sweetest thing in the world is the baby—the healthy, laughing, bouncing baby.

But the thin baby—don't ask the thin baby to laugh—even the smile is pitiful.

Fat comes first, and with it comfort, health, growth and the baby laugh.

Scott's Emulsion

is the sweetest thing in the world for the baby. It brings back the dimpled hand, the solid, rounded limbs, the joyous laugh that promises health and vigor in after life.

Let us send you our beautiful little book, "Pictures for Little Hands to Draw." Just send this ad. and your address.

SCOTT & BOWNE, 409 Pearl St., N. Y.



No. 147 Regular size

KEEP BABY'S MOUTH SHAPELY

¶ The ANTI-COLIC NIPPLE does not disfigure Baby's mouth. It has three holes just like the mother's breast. The food flows easily—no strong, direct stream to choke the baby.

¶ The Ball Top keeps the Nipple from collapsing and prevents wind-colic. The Nipples are perfectly smooth inside—no ribs to collect and hold food particles—easily cleaned.

¶ PRICE, 5 CENTS EACH, at all drug stores, or 2 for 10c. by mail from

DAVOL RUBBER CO.

Dept. B.

Providence, R. I.



No. 247. Petite size

The Healthy Woman

By WM. E. LEONARD, M.D.,

Professor of Materia Medica and Therapeutics, University of Minnesota
Medical Inspector Health Department, Minneapolis, etc.

PRICE, \$1.00.

This is emphatically a book which ought to be in the hands of every woman. It explains, in plain and chaste language, whatever tends to the development—physical, mental, and moral—of healthful womanhood and motherhood. The high professional standing of the author gives it a unique value. Following are some of the topics discussed :

From Girlhood to Womanhood.

Puberty. Physical Evidences of the Change to Puberty. Mental and Moral Changes. Precautions.

Menstruation.

Natural Disturbances. Abnormal Discomforts and Their Significance. The Normal Period.

Diet in Special Cases.

How to Reduce Corpulency. Diet for Debility and Anæmia. Other Sanitary Measures for Anæmia.

Care of the Body.

The Results of a Sedentary Life. The Value of Regular Habits. Precautions and Prevention.

Care of the Hair.

The Best Way of Wearing the Hair. How to Treat the Scalp. Brushes. Hair Cutting. The Shampoo. Pomades.

Woman in the Home.

Household Duties. Reading and Study. Social Life. The Education of the Children.

General Hygiene.

The Cold Bath. The Warm Bath. Warning Concerning "Medicated" Baths. Fanciful Baths.

Exercise.

Influence on the Nerves. The Perfect Female Form. Healthful Walking. Bicycling. Skating. Dancing.

Dress.

Common Sense versus Fashion. Underclothing. Some Objections to Woolen Garments. Corsets, Shoes, etc.

Courtship and Marriage.

Proper Behavior. Early Married Life. Motherhood. The Hygiene of Pregnancy. Mental Influences.

"The Healthy Woman" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

THE CONTEMPORARY PUBLISHING CO., 5 BEEKMAN ST., NEW YORK.



THE BABY TENDER

(Richardson's Patent).

A Baby Walker and Jumper Combined.

INDORSED BY EMINENT PHYSICIANS

Gives exercise and amusement. Prevents crooked legs. Invaluable to mother and child.

SOLD EVERYWHERE.

Illustrated Circular Sent Free.

R. L. RICHARDSON,

INVENTOR AND MANUFACTURER.

403 West 126th Street, - NEW YORK

good voices are needed in the advancement of good causes. In our individual clubs we have endured half-heard addresses because we knew that the women were in earnest, and had given thought and brains to the preparation of their papers. Nowadays club membership in hundreds of cases numbers from one hundred to five hundred women, a large room must be used for meetings, and this universal defect of weak voices has become a serious matter.

"Plenty of women have spent time and money in trying to overcome timidity, poor voices, and ignorance of the principles of public speaking, but in the great army of clubwomen who at one time or another are called upon to read minutes, motions, resolutions and reports, the trained speaker is seldom met with. When it comes to the conventions of city, States, and national federations, the problem becomes a serious one. A whole year's work may make little impression upon a large meeting when reported by a chairman of a committee who stumbles through the report in an inaudible voice, and how frequently this occurs every clubwo-

man realizes with much distress and impatience.

"There is a growing conviction that if a woman finds she has neither the inclination nor ability to correct these faults of speaking, she should realize it sufficiently to refrain from jeopardizing her assigned work and that of her committee, and have some one who can be heard read her reports. To carry important reform measures to a successful point demands clear presentation of issues.

"If we cannot always hope to have the inspired presentation, we have a right to expect that at least the subject matter may be heard more than six feet away. A good speaker is always in demand, and it is often a puzzle to women of exceptional mental ability that some women are constantly on club programmes when they are known not to have special intellectual equipment. In most cases where such a woman becomes prominent, it will be seen that she has a pleasing and far-reaching voice, which, in contrast to several unheard addresses, leads the audience to accord her special attention and applause. It is often just the relief from

HOOPING-COUGH or CROUP.

Roche's Herbal Embrocation { The Celebrated Effectual Cure
Without Internal Medicine.

ALSO VERY BENEFICIAL IN CASES OF BRONCHITIS, LUMBAGO and RHEUMATISM

Copy of an order received.—"Baroness Meltzing requests Messrs. Edwards to dispatch six bottles of Roche's Herbal Embrocation, used for children having hooping-cough, to Her Royal Highness, the Duchess of Cumberland, Penzing, Vienna, 24th March, 1899." **This order was repeated in 1894, 1899, 1903 and 1905.** W. Edwards & Son, 157 Queen Victoria St., London, Eng. *All Druggists or* **E. FOUGERA & CO., 90 Beekman St., N. Y.**

the strain of trying to hear with its accompanying irritation.

"I have often had that very experience. Asked to open a discussion upon a subject I knew far less about than the chief speaker, I have given the audience a poor rehash of the carefully prepared address, and acquired undeserved merit, simply because I had the advantage of making an audience hear what I said. It seems better under such circumstances to at least let the audience know what is before it, however inadequately I may deal with the merits of the subject. It often leads to embarrassment, however, for I am asked to present the subject elsewhere, while the woman who is really competent to discuss it is ignored.

"That system is a bad one, and inevitably leads to a lower standard of addresses, for when all is said and done, we want really informed speakers, not merely ones whose chief merit is that they may be heard. State Federation conventions have been excellent training schools, and have led clubwomen to consider seriously their defective voices. To be told by the programme committee, 'My dear Mrs. A. there is no one in our State more competent to speak on such and such a subject, but, unfortunately, our convention hall is a large one and it is vital that this subject shall be impressed distinctly upon the delegates who are to help us secure results, and we fear that it will be too great a strain upon you to make yourself heard,' may be a tactful way of say-

ing 'You can't be heard,' but the sensible woman realizes that to have a pet project succeed a voice is needed as well as brains, industry, and conviction, and if she is sufficiently in earnest she will do something to remedy that fatal drawback.

"Of course it can be remedied, no matter how constitutionally poor a voice may be, and it is encouraging to see the number of women who are really striving to learn the art of speaking. National reputations in woman's club circles have been made and unmade at the biennial meetings by the gift of making one's self heard. The halls used must be immense in order to accommodate the hundreds of delegates, and the impetus for the next two years in club work may be given at these meetings, so it is an absolute necessity that the woman who accepts a place on the programme come before the audience with the first essential of success—the ability to be heard."—*New York Evening Post*.

ABOUT SANDWICHES.

Novelties in sandwiches are always heartily received by the woman who delights in informal entertaining. Palatable ones are made with canned salmon. The salmon is shredded and mixed with a highly seasoned mayonnaise, then spread between slices of thin bread. Vegetables sandwiches are very choice. Minced cold beets or carrots mixed with a butter dressing are delicious, while cucumbers and tomatoes are old delicacies. Sweet

sandwiches are delectable, and are in order for teas and luncheons. Bananas crushed and sweetened and with a few drops of lemon juice added make a tasty filling, and then there is a paste made of guava jelly and nuts. The jelly is spread over the thin slices of buttered bread and sprinkled lightly with grated nuts. Maraschino cherries, chopped fruits, nuts, raisins, figs, and citron also might be suggested. The thoughtful hostess will have, also, a few plain sandwiches among the dainties, for many prefer them to the other varieties. If only one kind is feasible, let the sandwich of minced ham have first choice, for they are most commonly liked. Chicken, ham, and tongue, minced together, and seasoned with salt and pepper, make one of the best of meat sandwiches.

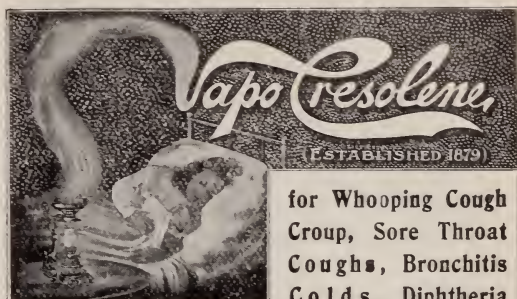
The Velvet Neckband.

The black velvet neckband, that for a short time was little seen, is now again being effectively used to give the desired piquant touch of black to the guimpe of the one-piece frock.

The velvet is very narrow, from half an inch to a little more in width, and is usually placed at the base of the lace stock; the ends are then crossed in the front, and a small brooch or buckle holds them in place. The ends left after crossing are not over an inch or less in length. They are seldom placed at the top of the stock, being too heavy and hot looking; besides it is not nearly so dainty to have the velvet close to one's skin in hot weather.

Scorch from China Silk.

Put the juice of an onion into a pan; add two ounces of fullers' earth and one-half pint of vinegar. Cook slowly for five minutes; strain and



"Used while you sleep." Catarrh.

Vaporized Cresolene stops the paroxysms of Whooping Cough. Ever dreaded Croup cannot exist where Cresolene is used.

It acts directly on the nose and throat making breathing easy in the case of colds; soothes the sore throat and stops the cough.

Cresolene is a powerful germicide, acting both as a curative and preventive in contagious diseases.

It is a boon to sufferers from Asthma.

Cresolene's best recommendation is its 30 years of successful use.

For Sale By All Druggists.

Send Postal for Descriptive Booklet.

Cresolene Antiseptic Throat Tablets for the irritated throat, of your druggist or from us, 10c. in stamps.

THE VAPO-CRESOLENE CO., 130 Fulton St., N. Y.
Leeming-Miles Building, Montreal, Canada.

cool. Use a little on a clean white rag to remove scorch stains.

Peach Salad.

Drain the peaches and wipe each one dry. Arrange on white lettuce and put a little mayonnaise in the heart of each one; add a little whipped cream to this, if you have it.

A Novel Christmas Committee.

Perhaps some of your readers will be interested at this season in a plan adopted by a busy parent for the purpose of instructing, entertaining, and disciplining his children.

It has been his custom, for some years past, to organize among his several children what he calls a "Christmas Committee." The object of this is to interest the children in the selection and bestowal of gifts to parents and friends. The committee

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

DR. JNO. B. THRESHER.
Amsterdam, N. Y.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

is regularly organized as a parliamentary body, with a Chairman, Secretary, Treasurer, and Executive Committee, and holds regular meetings, at which the business to be transacted is done in parliamentary style. The chairman is the eldest of the children, and she has, from the experience of two or three years learned to preside with dignity and ability, although not being over fourteen years of age. The minutes of the meeting are written out, of course with the assistance of the father, and are regularly read. Motions are put, discussions are had, and the vote is regularly recorded.

X. X.

Freezing drinks served over counters will always be popular, no matter how much the doctors inveigh against them. Preachments do no good in this line.

The woman who is boiling hot argues that she can be made cool by putting as much sweetened ice into her stomach as she can buy along the street.

But fortunately for her health she may live out of the reach of the so-called "summer drinks"; then she can make them for herself, and after she has grown accustomed to the home-made variety she will pass by the others.

Strange it is that very few women make a practice of concocting all sorts of palatable, cooling drinks to serve through the four hot months. They depend on ice water, milk and iced tea.

Here are some receipts that have been tried and found not wanting:

PINEAPPLE LEMONADE.

Peel a ripe pineapple, grate the fruit, and turn over it the juice of five lemons. Then make a syrup of a

DAINTY THINGS for BABIES



Dresses, Caps, Booties, Emb. Sneques, Alma Shirts, etc. Send stamp for ill'd catalog.
Send 25c (stamps) for two little sleeveless shirts for summer wear (knitted from soft cotton yarn). Give age or size required.

Representatives wanted in every town.

ALBERT D. SMITH & CO.
Box 1124 Springfield, Mass

"KREEPLETT'S"

How can baby "Kreep" with the old-fashioned shoe without wearing out the toe alone?

"Kreepletts," with our upturned toe, will outwear three to four pairs of the old kind.

De Luxe "Kreepletts"—Blue and Pink

Calf\$1.25

Kreepletts—Black and Golden Brown.... 1.00

Delivered. If interested send for Booklet.

NUTMEG STATE SHOE CO., So. Norwalk, Conn.

pound of sugar and a pint of water by boiling them together for ten minutes.

Cool the syrup and add it to the fruit, turn in a quart of cool water, and strain through a muslin cloth. Serve in a glass filled with crushed ice. If you want to make it quite pretty add a cherry to each glass.

CURRENT WATER.

To prepare currant water, mash a cupful of raspberries and two cupfuls of currants, add a cupful of cold water, and bring to a simmer over the fire.

Then strain, mix with a cupful of syrup made with sugar and water, boil to the thread stage, and turn in a quart and a half of water. Stand the drink on the ice until chilled.

Effort Not to Grow Old.

"Whom the gods love never grow old," is the late English translation of "Whom the gods love die young," certainly in these days the one great effort is not to grow old. There are no more grandmothers in town. The woman of, shall we say, 65 wears modish hats with plumes, her figure is as carefully corseted, more so, indeed, than her granddaughter's; her hair is usually dyed, or a transforma-

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

"How Can I Cure My Catarrh?" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

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tion is worn, and a carefully arranged veil conceals many defects. The art of massage, skin lotions, and preservatives has been carried to a perfection undreamed of a decade ago, and the woman of wealth and leisure seldom grows old, in appearance at least.

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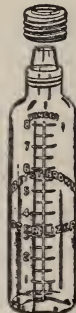
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Sore Throat.

The advent of cold weather in our climate is promptly followed by a train of disorders due to exposure and sudden changes in temperature, of which, perhaps, none is more insidious or liable to be overlooked than sore throat. It seems like such a simple ailment and of such frequent occurrence that the tendency is to treat it lightly and as a matter of little consequence, which will take its departure as soon as the weather becomes mild—all of which may be true. However, if you will take a glance at your child's throat, you may see a large, angry looking swelling on one or both sides—the enlarged tonsils—which swellings do not entirely disappear with cold weather, but remain, ready to become inflamed whenever the child is exposed to damp, cold or impure air, and which are also ever ready to become a nest for the growth and development of disease germs, as of scarlatina, diphtheria and other affections which may enter the system through the medium of the throat.

Should the child fortunately escape this calamity, there will be produced in time other less apparent, but never-

theless lasting results. When the tonsils become enlarged, they approach each other and thus permit of less breathing space; therefore the child has more or less difficulty in breathing properly. It is compelled to part its lips instead of keeping the mouth closed and permitting the air to become warmed by passing first through the nostrils. The lungs which are chilled by the cold air are thus rendered more susceptible to congestion and disease. The form of the cavity of the mouth is gradually altered, and changes occur which time and treatment cannot altogether efface.

There are many varieties of sore throat; their various characteristics can only be properly distinguished by a physician. They are all liable to be insidious and treacherous, beginning mildly and ending disastrously. The chronic, mild type spoken of above is one of the most common and one that is apt to receive little attention. It may be caused by constant colds, changes in temperature, impure or damp air, or digestive disturbances.

Acute sore throat should never be

neglected for a moment, for it is a difficult matter to tell whether it is due to some simple cause or is the forerunner of some profound, constitutional disease which will have your child in its embrace before you are aware of it—some disease, which, if taken in its incipency, is much more readily controlled.

A sore throat should be regarded with suspicion if the neck is swollen on the outside, the glands enlarged, tongue coated, breath offensive, and the child prostrated. No one should attempt to treat a case of this kind without immediately consulting a physician. Many look upon all deposits on the tonsils as diphtheritic, and if there is no deposit present think the case is a simple inflammation. This is a mistake. The tonsils may have a deposit on them in simple inflammatory conditions, and it is often difficult, at its commencement, to distinguish simple inflammation from diphtheria.

Another affection of the throat in childhood, more correctly of the larynx, and which often causes alarm, is croup, coming on as it does so suddenly and in the night. There are two kinds of croup—false, which is by far the more frequent and responds readily to treatment, and true or membranous croup, caused by a growth of membrane in the larynx, rapidly extending into the bronchial tubes, when it will take the combined skill of nurse and physician to save the patient. There is no mistaking the hoarse cough of the former; every mother knows and dreads to hear it. Its treatment, however, is simple and

satisfactory, so far as the attack in hand is concerned.

Affections of the throat should, as a rule, be treated by a physician. The tissues are too delicate, and the throat is too important and essential a part of the animal economy, to be tampered with. There are, however, many very important things in the way of preventive measures that only a mother can attend to.

Children should be guarded against overheated rooms, especially at night. Plenty of warm clothing, baths and an abundance of fresh air are the best preventives of sore throat or cold of any kind. The underclothing worn next the skin should be of wool both summer and winter. The gauze can be worn in summer, which is really cooler than cotton, as it absorbs the perspiration, which cotton will not do. When we see a little child, as one may see almost daily in New York, going about in winter with short sleeves and low neck, or with legs bare from the knees almost to the shoetops, we feel sorry for the child, and are inclined to wish that education for mothers in caring for their children were compulsory, in order that children may have a chance of becoming strong and healthy men and women.

A cool sponge bath, given the first thing in the morning, acts as a tonic to the skin and an excellent preventive of taking cold. In winter this should be given in a warm room.

When a child is troubled with chronic sore throat, it is well to investigate the plumbing, which may be defective and permit the escape of sewer gas into the house. Many a

disease of obscure origin has been traced to defective plumbing or drainage. Enlarged tonsils are especially susceptible to impure air.

A child affected with sore throat should be isolated, at least until it has been seen by the doctor. It should use nothing in common with other children. It should not be allowed to kiss or play with them or to go school. Many children suffering from mild forms of diphtheria go about carrying the disease by kissing, the mothers thinking the child has only a slight sore throat due to cold.

Should the voice be slightly muffled, with more or less enlargement of the neck on one or both sides under the angle of the jaws, accompanied by chilliness or feverishness, there is probably an attack of tonsillitis or quinsy. A hot mustard foot bath should be given and a mild fever mixture, such as a teaspoonful each of sweet spirits of nitre and spirits of mildererus to a half glass of water. A teaspoonful of this mixture can be given every half hour while the fever keeps up. The diet should be liquid, such as broths, beef tea, milk, etc. Small pieces of cracked ice may be allowed. They are grateful to the patient and help to relieve the inflammatory condition of the throat. If taken at the start, a cloth dipped in cool water, fastened around the neck and covered with oiled silk or some impervious material, will be of great service. This will often avert an impending attack of croup.

Where the voice is husky, with a dry or ringing cough, becoming worse towards evening, you may look for an attack of croup during the night. When croup occurs, it should be treated first of all by an emetic. Syrup of ipecac is the easiest taken, a teaspoonful every fifteen or twenty minutes to a child three years of age or over until vomiting occurs. Alum and molasses or simply warm salt water are efficient. More severe remedies should be left to the physician who understands their action. At the same time a hot foot bath, with a little mustard in it, should be given, and hot fomentations should be applied to the throat. The next day the child should be kept indoors, especially if the weather is damp. Damp weather predisposes to the trouble. An attack of croup often recurs night after night for a number of times. In such cases great care must be exercised during the day in regard to diet, clothing and exposure. In such cases a physician should be consulted, as there are drugs which will prevent this frequent recurrence.

The more serious throat affections can not be treated of in an article like this. They demand the highest skill a physician is capable of giving. Throat troubles in a child are far too serious to allow any time to elapse before receiving thorough treatment, and when a child complains it is safer to have the throat inspected without delay by a physician.



Discharges From the Ear.

Few children go through early life without having an ear discharge for a shorter or longer period. In the majority of instances the trouble passes off, the sense of hearing shows no signs of having suffered from the attack, and the whole affair is looked upon as one of those pathological episodes of early life which cannot be warded off, and which need not give the mother any special anxiety.

Causes.

The causes of this discharge from the ear are various; a diseased condition of the nose or throat, or both, being the starting point in a large majority of the cases. For instance, in such acute catarrhal affections of the throat as we find in scarlet fever, measles, diphtheria, tonsillitis, etc., and in the chronic catarrh of these parts, which is often associated with enlargement of the ordinary tonsil, or of those peculiar glandular structures which are situated at the back part of the nose and are often called "the third tonsil," we are apt to find one or both ears the seat of a discharge. How disease of the throat or nose extends to the ear may be readily understood when it is remembered that the drum cavities are intimately connected with that portion of the throat which lies behind and above the soft palate, by means of a tube-shaped passage called the "eustachian tube." Furthermore, the mucous membrane which lines the drum cavity is simply an extension of that which lines this eustachian tube and the adjoining cavities of the nose and throat.

Then again a discharge from the ear may be started by the introduction into the drum cavity, by way of this same eustachian tube, of irritating substances such as salt water, which so frequently finds its way into our nose and throat when bathing in sea water, or when we employ a solution of salt in what is called a nasal douche. But fortunately for us, it is only in exceptional instances that this fluid, so irritating to the sensitive mucous membrane of our ears, finds its way from these larger cavities into the drum cavities. Even "blowing the nose" too forcibly may, when the conditions favor such an occurrence, force purulent mucus into the drum cavity, where it is soon likely, by reason of its irritant character, to cause inflammation.

Now that we have mentioned some of the causes that produce a discharge from the ear, it may be interesting to look more closely into the mechanism of this process. Nearly all the cavities and passages of the body are lined internally with a membrane called the mucous membrane, and this secretes a fluid or mucus. Any inflammation of this membrane causes an excessive amount of mucus to be produced, which, along with other substances given off as the result of inflammation, produces what is commonly called pus, or matter. A very common example of this is a "cold in the head." The same sort of thing takes place in the drum cavity when it becomes the seat of an inflammation. But while in the nose there is, relatively, plenty

of room for the escape of all the mucus and pus thrown out by the inflamed mucous membrane, in the drum cavity the conditions for the escape of all these inflammatory products are peculiarly unfavorable. The narrow eustachian tube, of which we have already spoken, if the only channel through which all this mass of fluid can escape. But small as is this tube in a natural state of the parts, when inflamed it becomes very much smaller, or even ceases altogether to be a channel for the escape of fluid contained within the drum cavity. The latter, as probably most of my readers know, is shut off from the external ear by a membrane, but at every other point it is surrounded by unyielding walls of bone. As the inflammation in this cavity progresses, the increasing quantity of its fluid contents, no longer being able to escape by way of its only natural drainage channel, produces greater and greater pressure upon the surrounding walls.

This pressure causes much pain which continues until an escape for the imprisoned fluid is provided in one of the three following ways: First, by the use of vigorous soothing measures the inflammation may be subdued to such a degree that the channel of the eustachian tube will once more permit fluid to pass through it; second, the continued pressure upon the drum membrane may cause a perforation to form in its softened tissues; or, third, the surgeon's knife, in anticipation of what nature is endeavoring to do, may establish an opening in the membrane. It is in one of these three ways that we may expect the pain of an inflamed drum cavity to be relieved; and if,

after such a pain in the ear, a discharge by way of the external auditory canal makes its appearance, we shall rarely be mistaken if we take it for granted that the source of this discharge is the drum cavity, and that a perforation has formed in the drum membrane.

Consequences of Chronic Discharges.

A discharge that lasts but a short time is of no special consequence, and nothing further need be said with regard to it. But a discharge of longer duration is always an affair of greater or less importance. There is an unfortunate idea prevailing that such a discharge is outgrown. There is, perhaps, a certain amount of truth in this idea, but very little. A certain number of acute cases get well without any attention, and even mildly chronic cases sometimes show a disposition to eventually heal without outside intervention; but this is all owing more to good luck than good management. However, we should not trust to good luck; we too often shall find it to have been poor policy, for it often happens that an acute case drifts into a chronic condition, with its accompanying annoyances, which perhaps later may take on even a very serious aspect. For, owing to the lack of a sufficiently free outlet through the drum membrane, the pus may gradually invade the mastoid cells, giving rise to a condition which may require operative interference upon the bone for its relief. Then again the disease may cause the drum membrane and the little bones of the ear to become so useless as to cause deafness of varying degrees, even to complete loss of hearing. Finally, in certain cases, the lining

membrane of the brain may become involved, from its close proximity to the focus of ear disease. A noted English surgeon states that the deaths in London, for one year from brain abscesses following disease of the ear, were eighty-six. Two other celebrated surgeons consider fifty per cent. of all brain abscesses to be due to that form of ear disease, which is characterized by a discharge from the drum cavity through a perforation in the drum membrane. We mention these facts, not with any idea of creating unnecessary alarm and anxiety, but in the hope of diminishing in some measure those results of a neglected ear which are so often encountered in practice. Every physician knows of a certain number of cases of offensive discharge, deafness, or even more serious results, which could have been averted if only a little judicious care and careful treatment had been exercised in the beginning. As we have said above, these serious results seldom ensue, but they may in one case as well as in another; the evil day may be only postponed, and the old saw, "An ounce of prevention is worth a pound of cure," is worth following.

Treatment.

We will next consider what it is best to do in the presence of a discharge from the ear. We cannot expect to make physicians of our readers, but we can tell in a general way what should and what should not be done under given circumstances. In the first place, when a baby who is not old enough to locate the seat of pain persistently or frequently cries, the majority of mothers (and, we are almost tempted to add, physicians) at once

think of teething, cramps of the bowels, and perhaps one or two other things, as the source of the child's suffering; but they rarely think of the ear, which is so often, at this early age, the seat of a painful inflammation. Our first recommendation therefore is, that the ear should always be coupled with the teeth and the bowels in the mother's mental enumeration of the possible sources of her child's suffering; and she should ask her physician to examine both of these organs with an ear speculum and reflected light. Then, if it be found that an inflammation is going on in the child's drum cavity, do not pour sweet oil, camphorated oil, chloroform, or laudanum, into the outer passage of the ear; do not use the hot onion or similar means; but rely upon something which is always to be had at a moment's notice, viz., hot water; and by "hot water" we mean water that is about as warm as one's hand can bear comfortably. With a teaspoon or a dropper pour as much of this into the child's ear as it will hold, and over this put a poultice made of flaxseed meal, or bread, or indeed anything which will retain heat and moisture. Then over the poultice a shawl or other woolen garment should be placed to help retain the heat. The poultice keeps the column of hot water in the canal of the ear warm and in turn the shawl plays the part of a "cosy" in preventing the poultice from losing its heat. Thus we have a poultice in intimate contact with the drum membrane, that is, as near to the seat of the inflammation as it is possible to reach. Both the hot water and the poultice should be renewed as often as it is found that the

latter has ceased to be perceptibly warm, that is every fifteen, twenty or twenty-five minutes. In this way, poultice after poultice should be applied for a period of at least two hours. At the end of this time the poultice may be discontinued, and some simple form of dry warmth may be employed in its place.

The procedures just recommended have for their object the quieting and arrest of an inflammation in its early stage, and consequently the prevention of rupture of the drum membrane with the resulting discharge from the ear. But even when it is too late for this object to be attained, effective poulticing generally mitigates the child's suffering and perhaps hastens the moment when the membrane shall give way under the pressure from within, and shall permit the pent-up secretions to escape. When the discharge is once established, our chief care should be to secure as perfect cleansing as possible of the outer canal of the ear two, three, or four times a day. A *discharging ear*—be the case one of recent or of ancient origin, it matters not—*must always be kept clean in all its parts*. This is a rule on which too strong an emphasis cannot be laid. To secure proper cleansing it is necessary to have a good syringe; the ordinary contrivances sold in the shops for this purpose—syringes of glass and hard or soft rubber—are almost entirely useless, for the simple reason that they rarely wash out the deeper parts of the outer canal, in the immediate vicinity of the drum membrane. An ordinary fountain bag, or a Davidson's syringe, or some modification of the

latter instrument, armed with a suitable nozzle (with projections at its sides) is at once safe and serviceable. The prongs prevent the nozzle from being inserted so far as to do damage to the ear, and at the same time they permit it to be introduced so far inward that the injected stream of water cannot fail to play upon the drum membrane and upon all the parts in the neighborhood. Syringing with tepid water sometimes causes dizziness and even faintness, and if it does, it ought to be discontinued for a few minutes and then resumed. As a rule the syringing should be continued until the water returning from the ear seems to be free from evidences of the discharge. The number of times a day the syringe should be used depends upon the duration of the discharge, its character and amount. Of course, simple syringing cannot always be depended upon to cure a discharging ear, especially if the trouble has been going on for years; but it will do no harm, and it often proves to be all that is needed to effect a cure of the disease. In cases of long standing, a permanent cure often calls for the most patient, skillful and constant attention on the part of an expert in this department of surgery. Then, again, in not a few instances it is found that the continuance of the discharge is due to the existence of a diseased condition of the nose or upper part of the throat, and successful results are obtained only after these neighboring but closely related regions have been restored to a healthy condition.

In conclusion, we must beg our readers to consider what we have written in the preceding paragraphs, as par-

taking simply of the nature of hints as to what is going on in the ears of their children—in perhaps the majority of instances—when they have an earache, and the ear discharges. And so far as the question of treatment is concerned, we have attempted nothing further than to suggest how perhaps an amelioration, if not a cure, of this unnatural condition of the ear may be

effected. The most minute directions, given with reference to all the different conditions that may be encountered in cases of discharge from the ear, would not enable a non-professional person to do even halfway justice to most of them. We have therefore abstained from making any attempt to furnish such detailed instructions.

Intestinal Worms.

On no other subject connected with the health and well-being of children, unless it be the mysterious (?) process of teething, is there so much gross ignorance displayed by persons usually well informed, as on the homely topic which heads this paper. For this state of affairs physicians themselves are somewhat to blame, as they are, also, for the lack of correct information prevalent among the laity on some other subjects. But this statement, though correct, contains only part of the truth; primarily it is the parents who are responsible. The educated, conscientious physician much prefers frankness to ambiguity, honesty to its opposite; but he knows that to falter and to appear uncertain is to be misjudged, and that he must be sure of his diagnosis and give a name to the disease, which most people take as an explanation, in the presence of symptoms common to many morbid processes, symptoms which may be significant of much or of little; and that, having committed himself, there must be no backing down.

We can illustrate this, and also state

a few facts concerning my subject, by relating a circumstance which probably most doctors doing general practice can duplicate. A baby boy develops symptoms like these: skin dry and hot, wants to sleep more than usual, is fretful and cross when awake, does not eat with his usual appetite, seems to have pain all over; in addition, vomits and “picks at his nose.” Now, these phenomena may indicate something very serious or they may not. But what they point to no physician can positively say. The mother believes that worms are at the root of the trouble, and, summoning her physician, she thus informs him. He dare not contradict her, for he has no means of satisfying her. So, ordering a fever mixture and a gentle cathartic, he makes an appointment for the next day. On the occasion of his second visit Baby is better. The mother is now certain her diagnosis was correct, though somewhat puzzled at not seeing any worms in the evacuations. The doctor explains this by informing her that the medicine cut them into such small pieces that they were undistinguishable. Several

erroneous impressions are thus given. The mother thinks the matter of the diagnosis of worms an easy one, and will in all probability, on the appearance of symptoms similar to those just depicted, dose her child with worm medicine. She has also learned that worms are sometimes utterly destroyed by vermicides. Both ideas are incorrect. Had the physician dared to say what he knew to be the truth, that only by seeing the parasites could any one know of their presence, and that while the child might be affected with them, yet indigestion, overheating, not to mention graver possibilities, must all be considered, such ideas would not then have been entertained. Something like this he should have said, and added that while no one could at this stage be positive of the cause of the child's indisposition, yet he saw no reason for alarm; that, besides a fever mixture, he should order a laxative containing a sufficient quantity of a vermicide to cause worms to appear in the dejections should they be at fault, yet not enough to harm the child should there be none present. At his next visit, had such an explanation been given, there would have been no need for silly talk about "cut-up worms."

Children residing in this latitude may be infested with worms of several varieties. There is a round worm, *lumbricoides*, so called from its shape. It varies from a few inches to several feet in length, and is pointed at both extremities. Its favorite place of lodgment is the small intestine. Quite often it seeks the stomach. I have never noticed more than a half dozen

or so being expelled from a child at any one time, but I once moved several hundred from a woman who suffered excruciating pain all over the abdomen without apparent cause.

The "pin," "seat," or "thread" worm often exists to the number of dozens in small children. Its favorite location is the large intestine, near the anus. The intolerable itching to which these worms give rise, and the means (scratching) which the child takes to relieve itself is one reason why it is very difficult to entirely eradicate them. Cobbold says the ova of the pinworm have been discovered under the finger nails. This being the case, it can readily be seen how easily the child can reinfect itself.

The two varieties of tapeworm (*taenia*), *solium* and *mediocanellata*, are never found in children whose sole diet is milk. Their development and life history are most wonderful and interesting to the highest degree. Some enthusiastic German students months ago demonstrated what was pretty well known, *i. e.*, how the tapeworm, in this case the second-named variety, was developed. They selected some beef known to dealers as "measly" (which "measly" condition is due to the fact that it contains the immature ova of the tapeworm), and made a meal of it uncooked. Soon after, each one began passing segments of the worm. The *solium*, *i. e.*, solitary (though incorrectly named), is developed from pork containing immature ova. But how came they within the animal aforesaid? As follows: Some animal, human or not, affected with a tapeworm passed some segments of it in the act of defecating.

These were swallowed with the food of the pig or cow mentioned. Within the body of this host development to a certain extent took place, and the embryonic tapeworm (*cystercus*) burrowed its way through the canal and took up its abode in the muscles of the animal. Here, in an immature state, would it have remained, had not the flesh of its host, "underdone," or "rare," been eaten by man. As soon as, in this way, it reaches the intestinal canal, its envelope is burst, and in less than two months a perfect worm is produced. As each of its numerous segments possesses the power of reproduction under such circumstances as are above related, and as it is common for many segments to be thrown off, one may readily see how this cycle may go on and on, the reproduction taking place at a fearfully rapid rate.

Nearly every symptom we see in diseases common to children appear in the patient affected with intestinal worms. It is, on the other hand, perfectly true that there may be a number of these parasites present and no symptoms of ill health appear.

The following are some of the disturbances we have seen disappear on the death and expulsion of worms, following so closely, be it remarked, that there could be but one correct conclusion, that the worms caused the phenomena: Pains in various parts of the body, particularly the head, stomach and abdomen; fever of a remittent type; nausea and vomiting; peculiar cough; pruritus; blocking up of the lower bowel; anæmia; loss of flesh; a voracious appetite; total loss of appetite. These symptoms are more apt to

be caused, when due to these parasites at all, by the roundworm or the tape. We have seen that intolerable itching in and around the anus is very often a prominent symptom when the pinworm is present, and we often find a slight discharge from the vagina of little girls caused by the migrations of this same variety from the anus into this organ. Finally, a tapeworm soon gives indubitable proof of its presence by separation of its segments and their appearance as small, white pieces from one-sixth to one-fourth of an inch long, looking not unlike a bit of tape, in the fæcal discharges.

Before discussing means for the prevention and removal of these parasites, we wish to state that we are not cranky on the worm question, nor do we believe in giving them a more important position in causing disease than the facts warrant. We are constrained to believe, however, that young physicians pooh-pooh the suggestions of mother and grandmother too often, when asked if worms may not be the cause of certain symptoms which the child presents. It is no doubt true that the tendency of the older writers was toward assigning worms a very prominent place in the causation of disease. We cannot forbear inserting here a quotation which struck us as very amusing: "Always doctor for worms in the full of the moon, as the worms then, being very thirsty, have their mouths reached upward. Thus will they swallow the medicament much easier." It is now equally true, we believe, that their importance is not often enough recognized. The subject seems to be treated as one for the naturalist only,

or as an "old woman's" hobby. This is all wrong, as the young doctor will agree, who, having made a diagnosis of cerebro-spinal meningitis, with a consequent unfavorable prognosis, found all the symptoms, irregular fever, convulsions, vomiting, etc., disappear in a very short time after the grandmother had given the child a rectal injection of turpentine with "pink and senna" by the mouth, with results not surprising to those who know the value of these drugs as vermicides.

Preventive treatment consists in having all food thoroughly cooked, and also in habits of strict cleanliness. For the roundworm nothing equals a little santonine rubbed up with sugar and calomel, say two grains of the first, a sufficient quantity of the second, and five grains of the last, made into two powders, one given on retiring, the other before breakfast the next morning. There being but little taste and its appearance pleasing, we have the medicine dropped on the tongue, administering a little water immediately afterward. This combination is deadly to the seatworm also, but better results are obtained by supplementing it with an injection of either ten to twenty drops of turpentine, an ounce of castor oil, mixed thoroughly with gum arabic and the yolk of an egg, or an ounce of compound tincture of gentian, with the

same quantity of water. We believe greasing the anus has a deadly effect on the eggs, at least we always recommend it. It is difficult to suggest a mixture or a single drug sufficiently powerful to kill the tapeworm and yet not sicken the child. Our youngest patient thus far has been a girl of seven. After fasting some time she took two compound cathartic pills; before they operated we administered an emulsion of Kousso, and afterward two teaspoonfuls of salt. The first trial was successful. We had failed previously with what we regarded as a good combination—equal parts of castor oil and turpentine. Pumpkin seeds, taken raw and mashed in a mortar, then put in water and drunk as a tea, have proved of use. Kammeela, male fern and other drugs have each their adherents. Though I have written of these drugs and others, we think it extra hazardous for parents to undertake the death and removal of worms from their children, unless possibly it be the seatworms, and even then it should be done only when the diagnosis, which, let us repeat, can only be made with certainty when the worms are seen, is complete. Every drug here mentioned, unless it be gentian, is dangerous; santonine, particularly, gives yellow urine and a colored vision, and should be used only by the physician.



Wakefulness in Children.

Insomnia in children always indicates that there is trouble with some of the functions of the body, and it deserves careful looking after. It has been shown that sleep is attended with a diminution of the amount of blood in the brain, so, conversely, anything that will increase the amount of blood will produce wakefulness. In older people this is most often brought about by worry and care; but these factors are not operative in childhood unless the child be of sufficient age to attend school, when frequently over-study, combined with the pernicious habit of crowding and cramming for examinations, may prevent peaceful and restful sleep. Exercise is just as potent a factor in increasing the power and capabilities of the mind as it is in the body, and no one will gainsay the beneficial results from such labor in moderation; but so soon as the immature brain of the child becomes in the slightest way overtaxed, a continuance of the mental exercise does harm and may result in something much more serious than simple insomnia.

Indigestion.

The next most frequent cause of wakefulness in children is the presence of some irritation in the digestive tract, and, after this, the presence of anything that will cause fever. Thus we see very frequently the delicate organism of young children made the receptacle of malarial poison; and as this produces its exacerbations in the shape of fever, we have insomnia and distressed sleep as the result. Children who are allowed to eat solid food

in considerable quantity shortly before retiring are apt to be troubled with restless and imperfect sleep, for the reason that during digestion of these substances a larger amount of blood is required in the digestive organs; and as the heart cannot exercise a selective action and send blood to the stomach alone, the brain likewise receives an extra quantity of blood, and this keeps the little patient from sleeping. It is in this way or in a more direct manner that the circulation is increased by the taking of tea or coffee, or of stimulants, thus causing wakefulness. These last named should always be prohibited to children, not alone because they cause wakefulness, but on account of their deleterious action on the nervous system generally.

Uncomfortable Position.

We spoke in a previous article about the position of the body which is most conducive to sleep. It might here be mentioned that when children are put to sleep while in the nurse's arms and then put in the cradle, the difference in the two positions is sufficient to disturb slumber, the head being in one case high and in the other low. It is better as a matter of habit to accustom children to go asleep while lying in the crib; then they are reconciled to their surroundings, and if they awaken they will not cry out or be alarmed.

Mothers have it within their power to prevent sleeplessness in children in almost every case excepting where they are kept awake from pain or se-

vere disease. If the causes that have already been spoken of are prevented, much of the difficulty in this direction will be overcome. There are many little ruses which may be resorted to and which are effective in contributing to the quiet and general comfort which are the forerunners of normal sleep. The most common method adopted for bringing this state about is by the lullaby. No one will have the temerity to suggest that the lullaby owes its magic potency to any artistic method in which it is rendered. As a matter of fact, the greater its monotonousness and the simpler its cadence, the greater its efficacy. It acts by producing a weariness of the nerves of hearing, and at the same time prevents the child's little brain from receiving and entertaining stimuli through other pathways, drowning the others, as it were.

Soothing Influences.

There are many other little knacks which are frequently of service, and the possession of them or a knowledge of them by a nurse is invaluable. We see every day that some nurses have a soothing, beneficent action on children, while others, who are apparently as careful in every way, have just the opposite effect. A child can frequently be put to sleep by quietly stroking the forehead just over the eyebrows, or by employing any other simple means to distract its attention. Children who habitually suffer from cold feet, this in turn causing sleeplessness, may be made to sleep nicely by giving them a hot footbath before retiring. Of course, the very fact that children suffer from cold feet habitually indicates that in nine-tenths of

the cases there is something radically wrong with their digestive tract, and this should be sought for and corrected. To prevent the night terrors and sleeplessness due to injudicious feeding shortly before retiring, nothing is necessary but the removal of the cause, and the symptom will disappear by itself.

It is not uncommon for mothers to allow their children to go to sleep while nursing; and it is one of the commonest practices, particularly among the lower classes, to put the child to the breast whenever it cries. This, of course, is an error, for the little one may be creating the outward disturbance as the expression of an inward one, the result of indigestion, and additional nursing is but simply adding fuel to the flame. Then, again, many children early contract the habit of going to sleep with the finger in the mouth. This is repulsive, both from an æsthetic and hygienic point of view, and should be prevented from the very start. The continual sucking of the finger will in itself be sufficient to set up a condition of wasting and ill-health, not to speak of the disturbances of sleep and dangers of taking noxious substances into the system. Not infrequently it becomes rather difficult to break the habit, and different methods will have to be tried; covering the offending finger with some very bitter substance, like a mild solution of quinine made to adhere to the finger by the previous application of glycerin, will soon make the little patient think less of its pastime and stop it.

The disturbed slumber which accompanies the presence of worms in

the lower alimentary canal is attended most commonly with grinding of the teeth and picking at the nose and mouth while asleep, frequent turning and changing of the position in bed, and not infrequently a sort of nightmare. The disturbance of sleep arising from constipation is of a mild form; the drowsiness and unrest manifested by the apathy and dullness of the child in the morning are the most common after-effect. This can be entirely overcome by giving a small quantity of rhubarb-and-soda mixture on retiring, and by making the child take plenty of exercise in the open air during the day.

Speaking of out-door exercise, it is well to emphasize this point. We all know what a drowsy feeling comes over us if we remain long in the open air, especially if the day be cold. This feeling of languor and desire for sleep is not so apparent while in the air, so long as it is not excessively cold, but it comes on immediately when we go to a warmer atmosphere. Therefore, when we combine with this out-door life a goodly amount of exercise, that is sufficient to produce tiredness without extreme fatigue, it will have a most salutary influence upon the child's rest.

In weakly, irritable and nervous children who are bad sleepers, or who have trouble in going to sleep, there is nothing that acts so much like magic as the external application of warm water, applied as a warm bath, or by means of the wet sheet. Warm water acts to produce a powerful and pleasing sedation of the sensory nerves all over the surface of the body. It acts on the sensory nerves

in the same manner as does a lullaby on the nerves of hearing. In the case of hearing, however, there are but two nerves, while there are hundreds of sensory nerves; so the application of warm water may be compared in its beneficial results to the simultaneous application of a large number of lullabies.

There is a variety of sleeplessness in children in which the action of cold water, applied by means of cloths dipped in it and then wrung out and applied directly to the head, is beneficial. It is of most use when the insomnia is attended with a full pulse, flushed face, a feeling of heat in the head when the hand is applied, and restlessness. It is a well-known fact that in Thibet mothers place their wakeful children in positions where a small stream of cold water can be made to pour gently upon the head, the children very soon falling into a sound, refreshing sleep.

Regarding the administration of medicines for the relief of sleep and its disorders in children, it may be said that is only on very rare occasions that such are required; as has before been stated, removal of the cause is sufficient.

Somnambulism.

Sleep-walking is not a very common condition in children before the second teeth make their appearance. It, however, occurs with considerably frequency after this period. It may be considered a form of disturbance of sleep in which the parts of the brain whose function it is to govern movements are active; the results are that the patient arises and does some act requiring complicated muscular

movements, or walks long distances, or performs some hazardous feat, without fully regaining consciousness. Many stories are told of the wonderful feats performed by persons in this condition; and as it is a feature that commends itself forcibly to the romancer, the examples in fiction bid fair to outnumber the actual cases. Its occurrence in children should be carefully investigated, mainly because if it once occurs there is danger of its repetition, with chance of an accident. As a rule, it occurs in young people who are born with a nervous inheritance, and measures must be taken for the removal of this slumbering ember which may at any time burst forth into flame. The same instructions that have been given for the relief of night terrors apply here.

Dreaming.

We can only be sure that dreams occur when we are told of them. It is probable, however, that they do oc-

cur in early childhood, and that the flitting of a frown or a smile across a baby's brow is the outward manifestation of the pleasing or pleasurable stimulation. It has been worked out with a great deal of ingenuity that different forms of dreams have different forebodings, but this is, of course, of no moment, and simple dreams without any terrifying or harrowing tendencies do not need special consideration. Like a great many other disturbances of sleep, they may be associated with improper position of the body, overfeeding, want of food and drink, or some disordered condition of the nervous system amenable to the treatment already named. Children should not be encouraged to attempt to relate their dreams, for in this way the thought given to them may be sufficient to give an impulse to their repetition, and a habit of dreaming will soon be acquired.

Some Notes Concerning Measles.

A reader of *BABYHOOD* has suggested that the present prevalence of measles in certain sections of the country would make an article upon this disease, and especially upon some of its varying manifestations, timely and interesting. It is desirable that the typical course of measles should first be described in order that the variations may be appreciated, and their points of interest be emphasized.

Measles may be described as an infectious disease, accompanied by fever, the chief manifestations of which are

upon the skin and mucous membrane, and consist of catarrhal symptoms of the air passages, followed about the fourth day of the attack by a peculiar eruption, consisting of papules or slightly elevated small spots. This eruption disappears after a few days, and is followed by desquamation, more or less marked. The disease is highly contagious. In the course of the disease four stages are easily distinguished, viz.: incubation, invasion, eruption and decline, including desquamation. These stages are particularly often described as "breeding,"

"coming down," "breaking out" and "going off" or "peeling."

The stage of incubation extends from the time of exposure until some definite symptoms are noted. It is usually thought that during this stage there are no symptoms, yet, if a case be carefully watched, as it sometimes is when the fact of exposure is known, various symptoms, such as slight or passing fever, will be noted; although it is not possible to be absolutely sure whether these symptoms, depend upon the working of the measles poison or upon some other coincident cause. This period of incubation varies very much in different cases, extremes reaching from one to three weeks, but the great majority approach the average, which is about twelve days. The variation must depend largely upon individual peculiarities, for it occurs where the nature, degree, and time of exposure are the same. Thus, the writer recalls an instance in which two children were with their mother, who was in the invasion stage of measles, until the day before the eruption appeared, and were separated from her at the same time. One child had the eruption on the thirteenth day after this separation, the other on the twenty-first day. This variation should be kept in mind, as it may have a practical bearing on the sending to school of children who have been exposed. We have in mind a school epidemic which appeared to originate from a boy who, having been exposed, was kept away from school until it was considered, upon the authority of his family physician, that he had escaped. After his return to school he developed measles.

The second stage is that of invasion or the prodromic stage, the usual duration of which is about four days, varying ordinarily from three to five days, but in exceptional cases reaching even double the latter limit. The two characteristics of this stage are the fever and catarrhal symptoms. The fever begins with or is accompanied by discomfort, headache, sometimes shivering and various derangements of the tongue, stomach and bowels. The peculiarity of the fever is its remitting type. Thus on the first day it is tolerably smart, say 102 deg. F. or even as high as 104 deg. F. The next morning brings a decided remission, even to normal sometimes, rising again at night (often found to be fluctuating if watched), and finally rising sharply again when the eruption is about to appear. This irregularity of the fever sometimes leads to errors in diagnosis. When epidemic influenza is prevalent the fever and catarrhal symptoms often suggest that disease. If no exposure to measles is known, or even when known, if, as is quite often the case, no physician has yet been called, a diagnosis of "a cold" or "stomach out of order" is often made by the family council, and the patient accordingly is permitted to be around, disseminating the poison during these few days which are particularly valuable for the purpose.

The catarrhal symptoms are mainly in connection with the eyes and the air passages. The eyes run profusely and are usually sensitive to the light. There is usually considerable discharge from the nose, with sneezing, and sometimes nosebleed. There

may be hoarseness or even croupy symptoms, and a peculiar dry, barking cough with little expectoration is seldom absent. In fact if such a cough, with the eye symptoms, be present, it is always well to consider the possibility of measles. During this stage one may often find, if he looks for it, upon the palate and even upon the roof of the mouth, spots like the eruption of measles or large blotches. They are not, however, always to be seen.

The onset of this period of invasion is sometimes very abrupt; just the reverse of the cases which present varying slight symptoms during the incubation stage. For instance, a lady had been exposed to measles, and owing to her impending departure for Europe, was anxious to know if any symptoms of that disease were developing. Two physicians saw her, one the night before her departure. She went on board ship in the morning claiming to feel well, an hour later was ill, and developed measles.

The third stage of measles is that of the eruption, which, as we have said, usually commences on the fourth day. The fever during the out-coming of the rash is quite high, but not often exceeding 104 deg. F. The rash is usually of a deep red, less vivid than the color of scarlatina, but it may be pale or again it may be purplish. It usually first appears upon the face and neck, and spreads thence in well marked cases over the whole body; so completely indeed have we seen it that the desquamation of the soles of the feet even was subsequently a source of considerable annoyance and delay in the convalescence. The eruption in

fading often turns yellow or tawny, and it retires in the same order as it came, leaving the face first. It is present on an average four days, but more frequently for a longer than for a shorter time.

The fever continues pretty high until the eruption has fully appeared, and then it, as well as the catarrhal symptoms, subsides. Among the commoner appearance during the stage of eruption are swelling of the tonsils as well as of the glands under the jaw and in the neck. There is also sometimes a tendency to diarrhoea, which fact makes it judicious to avoid laxative medicines at this stage of the disease.

It may be desirable to note some of the variations in the appearance of this eruption in what may prove to be—in subsequent course and in severity—quite normal cases. Thus, the eruption may appear suddenly, as if by a single flush, while in others we have seen on the first day of the invasion stage a scanty eruption on the nose, chin and behind the ears, which remained unchanged until the usual time, when it bloomed out quickly and fully; again we have seen early in the invasion stage excitement and weeping bring out upon the face a distinct eruption which disappeared after the excitement had passed, not to reappear until the usual time, *i. e.*, two or three days later. Not unlike these are cases in which the eruption seems to reappear. We recall a case seen at the request of the attending physician, who stated that the patient had just gone through the eruptive stage of measles (as had the other children in the family), but that a renewed high

fever without evident cause occasioned anxiety. At the time of the writer's visit the eruption seemed to be beginning to appear again, and so it proved, the subsequent course being without incident. It was very probably a case in which the eruption accompanying the preliminary fever was more marked than usual.

No mention has been made of the disappearance of the eruption, which accompanies any complication or intercurrent disease, nor of the graver types of the disease; because the object of this article is, not to instruct as to

the treatment of measles nor to excite alarm, but to point out irregularities in the development of cases of measles of ordinary severity which, if overlooked or misunderstood, might lead to neglect of the precautions (isolation) etc., which should be taken to prevent the spread of the disease.

Regarding the fourth or desquamative stage, we need say no more than that while it (or the catarrhal symptoms) continues, the patient may give this disease. He should be kept from school for at least four weeks.

Old Father Time as a Doctor.

Father Time has had many biographers, yet none of them have done him justice. Some, in fact, seem to have been moved in their description of him by deep malignity and personal spite. It is partly for the purpose of defending the character of this genial friend that we have taken up our pen at this late day, and partly also with the desire to bring to the attention of our readers another and heretofore undescribed phase of his benevolent character.

One of the most insulting libels against our friend, a libel which has come down to us from the remote traditions of the human race, is that he is a cannibal, a devourer of his own children, and some sculptors and painters have shown themselves so degenerate as to picture him in the very attitude of swallowing his offspring. Such a scandalous tale could only have developed in the degradation of heathenism, among

tribes who had ancestral tendencies to and reminiscences of cannibalism in their blood. We have seen Father Time as a hoary patriarch, surrounded by throngs of his descendants of every age, from infancy to full maturity. We have seen him lift the tired little ones in his arms and bear them on their way, or place them at their journey's end, softly sleeping, by the banks of the still river of forgetfulness; but never, in all our acquaintance with him, have we seen one sign, one gesture of cruelty in his compassionate bearing toward his children.

Father Time has been greatly misunderstood and grossly misrepresented. His traducers would have us believe that he passes through the generations of mankind like a mower with a great scythe, cutting down with relentless sweep the old, the young, the feeble and the strong. This is all untrue, unworthy of a thoughtful observer. The natural calling of

Father Time, the Reaper, is to garner in the ripened stalks of the field, that their golden grain may be preserved.

However sad our ancient friend may be in his calling of reaper, there is no questioning the fact that as a physician he is full of cheer. Perhaps, like some other doctors, the sense of importance which a consultation brings is to him a stimulant. For to one of his vast experience the proper remedy must suggest itself instantly, without that anxious casting about for it which embarrasses the beginner, and makes him look sometimes more miserable than the patient. Then, too, he is sure of the confidence which his august presence and hoary age invariably inspire in short-lived mortals. Did he not attend the sick-beds of the first couple of the human race? Did he not, in that antediluvian era, when there were no doctors to interfere with him, secure to his patients a longevity which is the admiration and despair of the puny physicians of present generations? Has he not witnessed all the follies which have swayed the medical world from the earliest time until now, and so learned by observation the distinction between good and evil, safety and danger, in the use of remedies? Is he not called into consultation by every thoughtful physician of the present day in cases of difficulty and doubt, and has he not without fail proven his ability to advise? No wonder, then, that confidence and cheer are stamped upon his face, as he bends by the bedside and lays his finger on the tired pulse. Let us see now what he does.

Some of His Remedies.

First among these is the agent so famous down the ages for its wonderful power, the *Vis Medicatrix Naturæ*, the self-healing energy of the human body. The oldest remedy of all, its marvelous virtues have ever been the astonishment and the delight of physicians and surgeons. Is the patient severely wounded, this matchless agent will close the wound, will cause supplies of nutriment to be hurried to the injured spot, will build up the lost tissues and, with unerring design, shape the new materials accurately to the contour of adjacent parts. Is a bone broken, it will fit a splint of living tissues closely about the fractured parts, to hold the fragments firmly together, to protect them from injury during healing; and, finally, will remove the living splint, leaving the bone, if anything, stronger than it was before. Has a foreign substance penetrated the healthy tissues of the body, this same *Vis Medicatrix* will, if the substance is irritating, cast it out by suppuration; if it is (as a clean bullet, for instance), smooth and unirritating, it will cause a sheathing of dense insensitive tissue to be thrown about the foreign substance, shutting it up forever from harmful influence upon the surrounding tissues.

Nor is the *Vis Medicatrix* to be despised in purely medical cases of disease. Here its restorative power is likewise shown in many ways—in the pain, which warns us to rest the diseased part, in the failure of appetite, which protects the crippled digestive organs from unwholesome food, in the struggle to purify the bloodstream,

which manifests its progress by moderate rise of temperature, in the cough by which injurious materials are expelled from the breathing passages, and, finally, in the steady return of every organ, tried and purified, to its natural co-operation with its fellows, which we call convalescence. Even if one of these organs has been crippled in the contest, the *Vis Medicatrix* will go far toward supplying the defect. Has one lung been partly destroyed, the other, its companion, will expand and take upon itself extra work. Has a heart-valve been left leaky, the heart-muscle will grow stronger and make up the deficiency. Has one side of the brain been injured in its functions, as of speech, the other side may to some extent be trained to these unwonted duties.

Thus at every bedside in the land may be seen the reverend form of this aged healer, ignored by some physicians who would claim for themselves the results due to his magic remedy, welcomed by others who, trained in the highest schools and armed with that confidence which comes of mature experience, are yet glad to recognize his helpful presence and to give to him the honor which is his due; while they listen to his words of wisdom and strive to learn the mysteries of his mighty engines of healing. But although this *Vis Medicatrix* is the most powerful of his restorative agents, the resources of Father Time are not limited to it. For, as a wise doctor, he knows how to attack disease from many points of vantage. Sometimes, in addition to his standard remedy, he utilizes other devices.

The Advantages of Change of Scene.

He knows well that in certain depressed states of health treatment at home will do no good whatever. The patient lies like a ship in the trough of the sea, unable to catch a breath of the wind which would bear him onward toward convalescence. He is like a man treading upon quicksand, who finds no firm point of support whereon to rest while he struggles to free himself from its treacherous depths. His mind, bereft of hope and lost to ambition, turns in upon itself and becomes absorbed with the contemplation of his bodily ailments or saddened by gloomy forebodings.

Let change of scene, travel through some interesting part of the world, be prescribed, and at once the patient brightens. New thoughts flit in through the opened windows of the hitherto darkened mind, bringing with them the sunshine of pleasant anticipation and the melody of long-forgotten memories. Under the conduct of our ancient friend, the organs of digestion soon take upon them new energy, the step becomes firm and elastic, the pale face acquires the hue of health, the eye brightens, and sleep, which was shallow and fitful, comes deep and sweet, a benediction to the troubled spirit.

And what shall we say if the change is to the shore of the wonderful, murmuring sea, whose ceaseless roar and ever-rolling billows lift the thoughts to themes far removed from the dull round of daily cares; whose life-giving atmosphere braces the body like a tonic in its every member?

Of, if the mountains be chosen as the destination of the trip, how quickly

does the patient respond to the stimulation of the pure air that bathes their towering heights, to the vistas of beauty stretching far and silent among the everlasting hills, bathed in the glad light of the morning hours, or tinted with all the glories of the setting sun? How often in after years will the mind revert to those happy memories, the quiet walks through shady woods, the delicate tracery of the ferns, the moisture-laden moss, the laughing, fretting, roaring mountain stream, the silver trill of the wood-robin, as he sings in lonely meditation his sweet evening hymn.

If change of scene cannot be secured, if the patient cannot bear it, or if the prescription is too expensive for the patient's means, Old Doctor Time is not yet by any means at the end of his resources. He usually tries to make up for its lack by ordering another of his favorite remedies.

Pleasant Companionship.

Next to the diversion of travel, this is perhaps the most efficient agent for rousing the sluggish patient to new interest in life. It is strange how surely the quality of companionship is determined by the sick one. For there are some persons whose companionship, though pleasant to well people, is depressing beyond expression to the invalid, who feels at the departure of such visitors as if a weight had been taken off from him; yet he knows not what it is in his friend which so affects him. For this reason it is wise that companionship should be administered in very small doses, until it is found that in any case it is well borne. What will depress one patient will perhaps cheer an-

other. The quality which seems to the writer most desirable in companionship for patients who are depressed is the possession of a certain vigorous healthfulness, which seems by its very presence to bid defiance to disease and decay. If this be accompanied by tact and a gentle, sympathetic touch (which is not incompatible with robustness) it is inexpressibly cheering. There are some persons, too, who are born happy. Happiness is their prevailing, most impressive trait, unless it be the goodness which is sometimes combined with the happiness. Such persons are sunshine in the sick room. The patient feels the mysterious stimulus of their presence, and looks forward with eagerness to the next visit.

There are many little points in deportment and address, which the quick, sympathetic mind will acquire with experience in such visiting, that adds greatly to the beneficial influence of the visit. The young people's associations of our Christian churches, by whatever name they may be called, are doing a great service to the community when they train their members, as visitors in the home and in the hospital, in ways of gentleness and sympathy and cheer at the bedside. For those women who possess and have acquired in unusual perfection this secret of cheering the sick there seems about to open in the near future an important and remunerative profession—that of Convalescent's Companion. When the wealthy invalid has advanced so far toward health as not to need the ministrations of a hospital-trained nurse, and tires of her nurse's limited conversational

from dread of the loneliness of the capacity, she still holds on to the latter months which must elapse before excursions into the fresh air are possible. How eagerly would she welcome and employ at this juncture a cultured woman with the gift of cheerfulness and the art of companionship, who could add to a rapidly-growing friendship all those accomplishments which brighten and enrich our modern home life!

One other only of the remedies of Father Time may we mention, the invigorating agent known as

Work.

It is not work that breaks down the tired mother so much as it is worry. Work, good, hearty, muscular exertion, is a tonic, is a blessing. The same is true of reasonable exertion of the intellect. The insanity which is said to furnish our asylums with more than their share of farmers' wives arises not from physical exertion, but from excessive monotony of life, from the running of the thoughts in too narrow grooves, from want of diversity of occupation for body and mind. The great value of physical labor in the correction of mental disorders is abundantly shown by the observations of our asylum managers, who no longer shut up the inmates in narrow cells, but encourage them to follow as steadily as they may some manual occupation, and find that, by giving occupation to the faculties untouched by disease, those touched by disease may often in time be reclaimed. To the ordinary invalid, whose mind has been spared by disease, but who is condemned to weeks or months of tedious illness, occupation for the hands is

very desirable. This department of the healing art has been greatly neglected, because hitherto physicians have been men and ignorant of domestic callings. Will not some writer in *BABYHOOD* take up the theme of invalid's occupations, and show from observation, or from a rich experience, how the tedious hours may be filled with useful diversion? It has saddened us sometimes to see a patient in slow convalescence, yet able to sit up in bed, pass day after day with no handiwork to relieve the weary hours. What a vast waste of time there must be in such illnesses! Apart from the sick bed there is a great host of minor ailments for which the physician prescribes drugs, but for the relief of which Old Doctor Time, if his voice were heeded, would suggest work—not novel reading, not theatre parties, not social visits with short walks and long talks, not shopping with its worry and tedious delays, but real muscular labor for all parts of the body. The great need of many ladies in our large cities, and in the country too, is for sufficient play of the muscles to secure the burning off of waste tissues of the body, and the replacement of indolent effete tissues by fresh, active ones. Many such a delicate woman has had her health restored by a good dose of poverty—not abject poverty, but poverty sufficiently pronounced to compel her to do muscular labor with her own arms and back. This great need for fresh tissues, for bodily renewal through muscular exertion, explains the eagerness with which women and men of sedentary habits have taken to the bicycle. This is not a perfect form of muscular

work—the world will bless the memory of anyone who can suggest a better recreation—but it meets to some extent the great crying need of the classes of society who do not toil physically in the earning of their bread. Massage has supplied at the hands of a hired operator, to some extent, the same need in the case of invalids who have not the strength to work, and in case of certain others who are too indolent to burn off their own tissues by their own labors. There is one other agent of especial interest which Old Doctor Time leaves behind him at every visit, in a tiny vial, to be inhaled in case of faintness. It is labeled

Hopefulness.

The alarmist is his particular antipathy. When a physician has condemned a patient to death, and hung the tombstone of threatened Heart Disease or Consumption and the like about his neck, Old Doctor Time seems to take special pleasure in coming to the victim's relief and proving that the physician's prophecy was false. True, he cannot at once restore hope, as is shown by the many dyspeptics and neurasthenics throughout the community, who are living in hourly dread of sudden death, without any foundation whatever for such dread except a physician's, perhaps a special-

ist's, dictum, delivered years, and sometimes decades, ago.

"For every evil under the sun
There is a remedy, or there's none.
If there is one, try and find it;
If there isn't, never mind it."

So wrote some old philosopher, and he wrote wisely. Many an invalid, young or old, has found that, on following this sage advice and diverting her thoughts from her apparently hopeless ailment, Old Doctor Time has stepped in with his remedies, and gradually wrought a cure. The wise physician who values the methods of this aged consultant will in even the most unpromising case never relinquish hope, but utilizing every agency for good, ever seeking more light, ever watchful, ever sympathetic, stand by the patient until in some mysterious way the currents of health shall begin to gain strength again. If he can do nothing as yet, he should not leave his patient to the anarchy of self-medication, nor to the chaos of despair; but should turn over the helm to wise Old Doctor Time, to jolly, tender Old Doctor Time, whose strong hand has steered so many forlorn barks into the harbor of restored health; and himself, standing by, alert, thoughtful, humble, try to catch some of the great hidden truths of the ages, which only Time, the great Healer, can reveal.



Nursery Problems.

B., Chillicothe, Mo.—The deformities need special treatment, varying as to the amount of the distortion, the bones affected and the age of the patient, as well as the period of the disease in which it occurs. In the early stages, while the rickety condition is acute, little can be done besides general treatment. Many of these distortions, as the children grow up, become less and less prominent. This is especially the case in curvatures in the arms and legs. The "pigeon breast" is a serious difficulty which, when it once develops, usually remains in a troublesome degree. These bony deformities may be treated by apparatus or by operation. Until the active rickety influence has ceased, an operation would be worse than useless, for if the rickets continued after the operation, the deformity would very likely return and necessitate further operative treatment.

W. A., Aberdeen, S. C.—We are sorry that we cannot give you any definite advice. The limp is evidently due to the contraction of the hamstring, but this contraction is a symptom of so many diseases in or about the knee demanding each its own particular treatment that we cannot advise you on the scant information we have of the case. The condition of the bone-ends that form the knee should have a professional examination, for in them insidious inflammation is often going on, and is one of the various cases of bent knee.

Newport, Ark.—The most certain

premonitory signs of rickets recognizable by the mother are probably constipation, often alternating with looseness of bowels and the sweating head. The peculiar stools are due to varying conditions of the digestion, particularly to the amount of bile entering the intestine, also to a relative excess, or the reverse, of the amount of milk taken. There are few drugs that we can advise for coughs and colds at that age. Warmth, good air, the insuring of the discharge of mucus from the air-passages by change of posture, are as good as any purely domestic remedies. The use of emetics and expectorants without advice we think not usually advantageous. If strong, a child of nine months old may have the milk undiluted; perhaps a quarter-part of barley-water would be better. If you mean by "mixed diet" a general diet, it should be after two years of age; if mixed liquid feeding and suckling, it may begin when the breast is insufficient.

B. R., Herkimer, N. Y.—Your child's weight is quite up to the average of gain. Apparently the baby does not properly digest its food. We cannot think the constant use of the purgatives less harmful than the daily enema of, say, water and a little glycerine would be. But if the nursing took place every three instead of every two hours, and her thirst were quenched with a little—not too cold—water at other times, and suitable remedies for the indigestion (pepsin, etc.) were given, we should hope for

an improved condition of the bowels and stomach. The weaning should not take place until you are convinced that the breast-milk is not suitable, of which there seems to be no particular evidence at present. But the child evidently needs supervision, and it will be to its advantage if it is seen at stated intervals by your physician, who can direct changes in treatment and diet which you should write down. There is no harm in the long sleep at night.

S. M., Dayton, Ky.—We do not think the soap pencil harmful. It is far better to move the bowels in this way than to let the constipation persist. We have followed many children, whose constipation during infancy demanded daily intervention of some sort, for two or three years, and found that regularity of the bowels comes with the ability to digest a somewhat varied diet.

F., Clinton, Ia.—BABYHOOD has given various recipes in back numbers. Below we reproduce two.

If you use oatmeal porridge at breakfast you can make oatmeal water thus: Of the porridge take as much as you can live with a tablespoon, put it into a quart of cold water and raise to a boil, stirring to prevent burning, and strain. If you do not have porridge this recipe will do: Add one tablespoonful of fine oatmeal (steam-cooked is preferable) to one pint of cold water. Stir well and strain off the water. Boil the water thus strained off until it is reduced to about one-half in quantity. The water is used to dilute milk precisely as plain water would be.

L. M., Cleveland, O.—It is rather incongruous to have a child still on the breast and at the same time to seek for him a food more solid than milk. He is one year old. He will not, in our judgment, be better for starchy food (and this includes bread) until he has his chewing teeth.

D., Laurium, Mich.—The dietary detailed seems to be entirely proper, and it is not probable that the restlessness is due to any article of food. The causes of restlessness in sleep are many, and in some children they are never discovered, and disappear with the lapse of time. But, as is well known, it often exists through life. In such cases much must be set down to individual peculiarity. Among the recognizable causes are immediate indigestion, due to some improper article of food; remoter indigestion, such as arises from the inability of some persons to properly dispose of food ordinarily proper—for instance, starchy foods, sugar, etc.; flatulence, distended bladder, seat-worms, and in fact any slight affection which may give a trifling discomfort.

C. B., Mount Carmel, Pa.—Every means that can be taken to delay and avoid fermentation, with its resulting acidity, in cow's milk, will be greatly to the benefit of the infant. Such measures may be divided into those that should be employed before and after the milk comes into the hands of the consumer. Cow's milk as it comes from the udder is sterile, but there are many factors at work that tend towards its infection. In the first place, the air of an unclean stable is filled with various impurities. Then

the hands of the milkers may be in a dirty condition, or the cans in which the milk is placed may not be scrupulously clean. Many such elements are often at work to hasten the spoiling of cow's milk. Dairymen should be impressed with the great importance of having clean stables, clean cows, clean cans and clean help. Cleanliness in this instance is very close to godliness, as anything that tends to change the milk also tends to produce indigestion and diarrhœa in those consuming it.

P. L., Hillsboro, Tex.—To your question an explicit answer cannot be given. In the first place simple ice cream (not the stupendous concoctions of the confectioner, but a simple mixture of cream and sugar, with flavor, frozen), in moderate quantity, would seem to be as inoffensive as any sweet that could be devised. But whether or not it is so depends upon several things. First of all the same cream which, eaten slowly (small pieces being allowed to melt in the mouth), would be harmless, would help to set up an indigestion if large pieces were allowed to go to the stomach while very cold.

S. L., Cincinnati, O.—So long as the hair is healthy we see no reason for meddling with it. It can be weakening only by its excessive rapidity of growth. To cut it would not lessen this. The superstition—for it seems no more to us—that abundant hair is weakening is very prevalent. No doubt an over-thick head of hair may be annoying in hot weather, but we believe that notion of its debilitating power is due to the fact that persons

of a peculiar type of feeble constitution are sometimes very hairy.

E. T., Helena, Mont.—We note three points in this case; less flesh than is usual in a young child, a disordered digestion—as evidenced by condition of breath and tongue—and susceptibility to colds, with a dry night cough. The second point is probably the essential one. A disordered digestion probably leads to an imperfect assimilation of food. The cough we suspect is due to tonsilitis, or perhaps enlarged tonsils, or at least irritation of the fauces. Treatment instituted by the family physician with the aim to improve the digestion would probably lead to improved nutrition, particularly if the diet were nutritious yet simple. If the stomach will bear it, such cases are usually improved, both as to nutrition and cough, by the winter use of cod-liver oil.

D. P., Adrian, Mich.—The cause of the fits of crying not being comprehensible to you, we cannot, of course, expect at this distance to solve it. Two or three things which you suggest may be causes. He is often relieved after passing water. Examine and see if the foreskin is very tight, enough to cause delay or difficulty in urinating. If it clearly is so, circumcision or dilatation of the foreskin may give relief. Or it may be that the urine is concentrated and irritating, in which case water given before he goes to sleep may be of benefit. It may also be the very common disturbance of sleep that accompanies the cutting of the teeth, especially the canines, which he is at present engaged in doing.

S. H., Kane, Pa.—Some children of the age of yours take seven ounces without harm, some are better with rather less; but as you give but five bottles we believe that it is not too much.

G. H., Joplin, Mo.—Growth varies greatly according to age. During the first week there is usually a slight loss, which loss is really made in the first three days. After this is over come the gain is continual but not uniform. It varies first of all with different children, depending somewhat, but not entirely, upon the original size and strength of the child.

L., Natchez, Miss.—He should still be kept on liquid food, we believe. When the bottle is given up it is not for solid or semi-solid food, but for a cup. The objection was to the bottle and not its contents. He takes a small amount of liquid for a child fed on liquid only, and will probably need three pints of milk for a year or two yet for the main part of his daily food, unless he shall have gained a previous power of eating solid food. We think even the inconveniences of bed wetting are light compared with the danger of putting a child "inclined to rickets" prematurely on solid food.

B., Morristown, N. J.—There is very little doubt as to the propriety of continuing the use of iron for a time. There is no "general principle" that we know of that should raise objection to the proper use of iron. Some preparations, not all by any means, of iron damage the teeth, but if it be necessary to give such preparations, the immediate cleaning of the teeth with water, or water with a little bi-

carbonate of soda in it, generally prevents mischief. This is particularly true when the tincture of the chloride of iron, (a very useful preparation, but hard on the teeth) is used.

M., Las Vegas, N. Mex.—We believe that you will be best suited by procuring one of the various forms of pulley apparatus (they are all much alike) which are fitted with adjustable weights, so that they may be proper for children of various ages and for adults. Some kind or other of these can probably be obtained from any dealer in sporting or athletic goods.

W., Henderson, N. C.—Weights of individuals vary greatly, of children as of adults. They vary also with social and family peculiarities. Statistics are not very full on the point. But among the fairly-fed classes we think twenty pounds a fair weight for a yearling child, and anything above that a good weight. But children of twenty-five or more pounds are not rare.

O. U., Indianapolis, Ind.—The lime water may be added after the heating and before the putting into bottles.

P., Moscow, Ida.—Unless the child is ill we think the food is sufficiently good. It agrees with a large proportion of children. When constipation exists we prefer to use oatmeal-water rather than simple water.

F. C., Hammond, Ind.—The substance coming from the ear we presume to be the cerumen ("ear wax") moistened with water, and probably mixed with a little discharge which is not sufficiently free to flow. Such

discharges are not infrequently seen in children who have the tendency to eye and nose trouble described. The only domestic treatment we can suggest is to very carefully cleanse out the ear-passage, and as carefully to dry it, both manœuvres to be done with the greatest gentleness.

E. T., Newark, N. J.—There is no real object in beginning to feed so early as seven months, provided the breast still gives sufficient food. Some physicians we know assume that no American mothers really have enough milk, and begin supplementary feeding early, even at a few weeks old. But for ourselves we prefer to be guided by the progress of each case. On the other hand, in cool weather, after seven months of age, your child can take properly prepared and diluted milk, probably without difficulty, if there is any reason why you wish to begin. Feed from a cup, and not a bottle, at the age spoken of. The suckling is no longer necessary.

C. U., Claremont, N. H.—The cough which results from so-called ordinary colds, belongs, generally, to the present category of harmless coughs. It is due to acute or chronic inflammation of the mucous membrane of the lower throat, the larynx, or organ of the voice, of the wind-pipe and of the larger bronchial tubes. It is too well-known to need an extended description, being at first paroxysmal, dry, harsh, hacking, hoarse and croupy when the larynx is affected, and slightly painful, but subsequently loose, soft, low and painless.

Y., Laredo, Tex.—The acidity may probably be corrected by lime water and hot mint tea, mixed; but the cause

of the acidity, which is probably also the cause of the tossing, ought to be removed. Probably you are giving a mixture which for some reason is easily fermented and produces the sour gas.

F. L., Brooklyn, N. Y.—Five table-spoonfuls of lime water contain less than 2 grains of lime. The quantity is probably barely sufficient to make the diluted cream as alkaline as average breast milk.

D., Hillsboro, Ore.—It is generally considered that slow dentition is a sign of imperfect nutrition, but when it is the only sign we do not make it an absolute indication, as there are some other causes for this delay, among them familiar peculiarities.

P., Aiken, S. C.—The projection of the under-jaw, rather than the teeth themselves, usually causes the condition of "whopper-jaw," and it is doubtful whether it can be artificially modified. If the condition continues and appears dependent upon the teeth, your dentist can tell you if their position can be rectified.

H. D., Lamar, Mo.—The cutting of teeth is charged with many digestive disorders. The latter are, however, now attributed, by those giving attention to such things, more frequently to changes in the development of the digestive organs which occur at the same period with teething. It is, therefore, safer to say such symptoms accompany rather than depend upon teething. Capsicum, the oils of mint and anise in the shape of cordials or the tincture of the drug-shops—a few drops in hot water—and many other things, will relieve colic. Hot water

alone is often efficient. Better is it, if possible, to remove the cause.

G., Kearney, Neb.—Bone-forming is not the only duty of the expectant mother. She must keep her own condition as good as possible; her digestion in good order; her bowels free, etc.; and an exclusive diet of any one kind, unless some special ailment makes it necessary, is injudicious. This, then, may be the general rule: take as varied a diet as you can digest, but let it always contain a full amount of nutriment.

T. T., Laporte, Ind.—It is not evident that there is any want of actual strength, as she can stand and creep well. It is more probable that she is tardy in the development of the co-ordinating power which enables the child to balance itself to walk, and perhaps she lacks courage. You would better examine the limbs to see if they seem softer or weaker than those of your other children did at her age.

W. P., Albany, Ga.—From what you tell, the reason of the delay in walking is not evident. You are wise in limiting the diet chiefly to milk, but you will do better probably to let her make her experiments in eating upon good stale bread and butter, rather than molasses cooky or baked apple.

D., Clarksville, Tenn.—The commonest causes of bed wetting beside full bladder due to putting a child to sleep just after he has taken drink or liquid food, and not soon enough looking after him, are phimosis,

rickets, pin-worms and heredity. Your physician thinks there is no phimosis; you think him in good health, which disposes of rickets and pin-worms; and our guess would lie between heredity and the too great delay in taking the child up when asleep.

F., Richmond, Ky.—The trouble is a common one and the cause in an individual case has to be sought for. Much of the trouble depends upon the shape and position of the bladder in early life. The need of attention on going to bed and in the night you are already familiar with. Common **sources of irritation** exciting evacuation of the bladder are pinworms, and in boys a tight or irritating foreskin. If these causes are active in any case, their removal often causes cure. Feeble children often are benefited in this regard by the use of tonics and bathing of the parts and the hips with cool water to invigorate the tone. The drugs which are especially used for bed-wetting are rather potent and ought to be given by a physician, as they cannot be judiciously given by a parent without specific directions suited to the individual.

W., Crookston, Minn.—The child has gained weight satisfactorily, and on the whole seems to be in sound condition except for the disarrangement of the bowels. This latter seems to be indicative of undigested alubumenoids (curds), which sometimes cause enough irritation of mucous membrane to produce the slime in the discharges; and the frothy **matter** suggests some fermentation.

The Mothers' Parliament.

Irregular Eating.

I am thankful to see a thorough protest in a recent number against the habit of eating between meals. I wish to add to what has been so well said, that few parents or doctors know what an absolutely universal habit this is. As soon as children are old enough to have money of their own, they are perpetually spending it on candy, and when they have none, they are treated by their companions. It would be ludicrous, if it were not so sad, to see how careful some people are about what their children eat at home, while those same children are every day eating candy and cake away from home. I know one boy who is perpetually under the care of a doctor, and who has constant headaches, often being in bed with them, and I am assured by one of his companions that he is the greatest eater of candy in the neighborhood. His parents wonder why he has no appetite for his meals, without suspecting that he is eating candy every day of his life.

I believe that there is no more important duty for parents to perform than to guard against this pernicious habit of nibbling candy, cake and peanuts between meals, so that there is no appetite at the table, excepting for the richest and least wholesome food. It can be guarded against, if children are taught any sort of obedience, or have any sort of a conscience. I have found myself that the best way is not to absolutely forbid ever touching candy when it is actually offered. That seems a little too hard on a child, and

too great a temptation to disobedience, but I make it a rule that my boy shall not buy candy or cake without special permission, and that he shall always mention to me that he has had such things given to him, and tell me how much, the rule being that he must only eat a very small quantity. In this way I can at least keep some account of what he is eating, and at the same time make him understand the importance of being abstemious.

It is a compromise, of course, but where a child's companions are constantly eating, it is very hard to forbid entirely all such indulgence. When he was young enough to be always with me, I simply never allowed him to have candy or cake, and he did not ask for what he knew nothing about.—*M.*

A Sad Mistake.

A lady who is an eminent teacher, and a universal favorite in society, told me once that she never entered a room where there were others than her intimate friends without feeling that she was so ugly and awkward that everybody must be impressed by these unfortunate traits. Nothing could be further from the truth than that such impressions were made. On the contrary, she charms every new acquaintance.

What is the cause of this mistaken sensibility? Simply this: In her babyhood and early childhood she had been called awkward, had been told that she was squatty, that she had no neck, etc., till her nerves had received an

indelible impression. There are children who cannot be injured in this way, who cannot be put down; but these are the exception. Self-consciousness is an unfortunate mental condition and a great hindrance to enjoyment of life, yet it is directly fostered by many a mother and nurse; by fathers, too, and aunts and grandmothers. The unattractive child, the sensitive child, the tender-hearted child is pushed away, often with a careless word. The impression these children get is that they are not loved; they reason from this that they are not lovable; that they do not possess the qualities that win love; hence they are shy, they do not believe in themselves—their powers remain locked.

No child can come to his best development without the brooding care of love—outspoken, expressive love. In the warmth of love the faculties are set free. What a mistake to unduly encourage a child that happens to have an attractive face or a forward manner, and to chill the little “ugly duckling” in whom lies folded divine promise of beauty, grace and usefulness.

F. D.

He Would Not Fall Asleep.

It was always a mystery to me why my baby gave me so much trouble in going to sleep. Other mothers assured me that it was best for mother and child that all the petting and cuddling should be given at other times than at bed time, when for many reasons, which especially applied to mothers without nurses, it was best to teach Baby to go to sleep in his bed. I was told that the lesson was very soon learned, sometimes with no crying at all, and at most with but a few crying fits. My own experience was, however, so painful, that I was almost inclined to give up the attempt to teach

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my baby the good habit. He would learn it for a time, and then there would come a relapse, during which I suffered probably far more than he did.

It was only years after that my cook forgetting by that time that her conduct had been direct disobedience to orders, told me how often she would steal into his room and hold the baby's hand till he went to sleep. Of course the mystery was solved. Baby always expected that perhaps she would come, and therefore would not go to sleep alone. Perhaps other mothers may have the same trouble from the same cause.—C.

Origin of Ox-Tail Soup.

The now familiar ox-tail soup is said to have had its origin during the Reign of Terror in Paris, in 1793, when many of the nobility were re-

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duced to starvation and beggary. The abattoirs sent their hides fresh to the tanners, without removing the tails, and in cleaning them the tails were thrown away. One day one of the noble beggars, while happening to pass a tannery, noticed a pile of discarded tails, and, asking for one, it was willingly given him. He took it to his lodgings and made what is now famous—the first dish of ox-tail soup. He immediately told his friends of the good luck he had had, with the natural result that the tanners were soon annoyed to such an extent by the demand for ox-tails that a price was put upon them.—*New England Grocer.*

A Cheap Dieting.

The first meal, which is breakfast and luncheon together, is taken at noon. It consists of a cereal with fruit juice or else some cooked fruit with bread and butter, and occasionally a banana, orange, apple, or perhaps some crackers and cheese, a little jam or marmalade. The real meal is dinner, and this is served about 6 or 6:30, and usually consists of three courses. The first may be spaghetti served with cheese and tomato, or soup. Another change is spinach served on toast with a

poached egg, or cauliflower au gratin, baked, mashed, or sweet potatoes, etc. The second dish is always a vegetable, say, squash baked in the shell, creamed celery, oyster plant, or buttered beets. Course number three is a salad dressed with the best olive oil, and for this there are many combinations which are inexpensive. When a dessert is served, it consists of cooked fruits, such as apricots or baked apples, the latter being stuffed with chopped nuts. Another is bananas baked in their skins and then peeled and covered with a soft custard, or preserved fruits stirred in cream tapioca.

Kindergarten Methods in Dealing With Thumb Sucking.

The many articles in *BABYHOOD* on methods of training encourage me to commands had failed to break the habit of thumb sucking in our three-year-old. It was hard to break a habit contracted during my six months' illness. I resorted to extreme measures—had loose, light bags made for *each* hand and sewed them in the sleeves of her usual night suits. Night sucking did more harm than occasional day attempts, as she could not be watched. After a few nights of rest I noticed an

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increase of day "imbibings." I then sewed bags on her little dress sleeves, and the thing worked well. Not without much patience on my part, however. I simply gave my time to it for one day—reading, story telling and helping her amuse herself. The story of Naughty Little Gold Finger illustrating mutual dependence, and all stories with that aim in view were especially helpful. Since, then, with occasional lapses, I have taken the day bags off, keeping to the night ones until she is thoroughly cured of the habit. No corporal punishment was given. Patience and cheeriness work wonders. I have been a kindergartner and perhaps have more patience and fund for amusement, still I think many a mother may try it with the same results.—P. D.

Helps by the Way.

I was favored last summer by a visit from an old schoolmate of mine who is now a trained and enthusiastic kindergartner, and she gave me several ideas which have been of so much help to me in caring for my little girls that I would fain impart them to other mothers.

My friend was helping me with my household duties one morning, and six-year-old Allie wanted to help too, so she took a knife and commenced to

try paring the apples that lay in a pan on the kitchen table. I spoke up quickly, for I was hurried just then, saying "No, No! You must not touch those apples, you aren't old enough to do it well." She was turning away with a disappointed look when my friend called her back with the words, "Allie isn't old enough to pare apples yet, but she is old enough to carry away these dishes just as nicely as I could." With a merry song the little maid trotted to and fro, happy in the thought that she was helping.

And so, though it is many times so much easier to do the things one's self, instead of letting the little eager, blundering fingers attempt them, it is the wiser way to accept, whenever possible, their little offers of help, watching that they do well whatever they undertake. The spirit of helpfulness is such a desirable one that we should take care to foster it in our children.

At another time during my friend's visit, little four-year-old Dora went across the street to play with a neighbor's child, but finding her gone, came back, sobbing bitterly. I rather laughed at her, saying, "What a foolish little girl!" My friend looked up from her book, saying, "Did you ever think that the little disappointments that come to a child seem as much to them as do our greater troubles to us? My dear, if you should have some great trouble and tell it to me, you would think me most hard-hearted to merely say "You foolish woman!" I saw the point as I never had before, and Dora was soon made happy by mamma's sympathy and a promise of a walk later on.—F. G.

Water and Health.

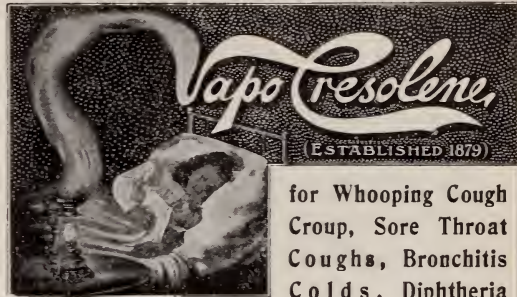
London water is notoriously "hard," and it is held by many medical men that there is considerable

value in the chalkiness and lime of hard water. It is at least remarkable in this connection, that northern towns with a "soft" water supply should have a decidedly higher death rate.—*London Graphic*.

The Value of a Trained Nurse for Diphtheria.

I was so much interested in the article on diphtheria, in a recent number of *BABYHOOD*, that I was sorry it came to an end quite so soon. It seemed to me that a word from a physician on the great difficulty of nursing this particular disease would have carried much weight. Having nursed a child of less than four through a long, hard case of diphtheria, I would like to impress on all mothers how hard the task was, in spite of all the aid I had. My own trusted doctor could not take charge of the case when a culture declared what it was, but he did all he could in sending me the physician he would have chosen for his own child, and in urging on me the need of a trained nurse. When he first mentioned the latter, my mouth opened to say "No," but before I could speak he said: "Hear all I have to say before you answer," and when his arguments had ended my "no" changed to "yes." And how grateful I was to him. He gave me minute directions for the nursing, which I carried out as faithfully as I knew how, and I am strong and able to endure much fatigue, but I believe my child would have died if I had not had the nurse.

When she arrived, twenty-four hours after I had begun, I found in the first place that the spraying I had done had been child's play compared to the thoroughness of hers, and so on through everything. In every emergency she knew just what to do, and before she left she warned me in de-



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It acts directly on the nose and throat making breathing easy in the case of colds; soothes the sore throat and stops the cough.

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tail of many precautions, some of which the doctor didn't think of, and which she impressed on my mind by a recital of cases in her own experience where such precautions had been neglected.

The price of a trained nurse for contagious diseases is twenty-five dollars a week and her washing, but she is worth it, as I found, though I was very hard pressed for money when the illness occurred. These nurses will come for even a single day, receiving four dollars for that length of time, and if it is impossible to have one for a week, a mother would find it the greatest help to have one for one or two days, so as to learn how to give the patient the best care. In New York and probably in every large city a physician can always recommend a trustworthy nurse. I can give my testimony that the brightest ray of

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

WALTER A. RULON, G.M.
Philadelphia, Pa.

I recommend Resinol Soap for general family use. I find it very good for the care of the face and the preservation of the hair.

F. A. WENGER, M.D.
St. Paul, Minn.

I do not hesitate to declare myself a friend of Resinol Ointment and Soap. I have used them with splendid results in Herpes, Eczema, Psoriasis and Pruritus. I shall continue to recommend and prescribe them.

DR. JOSE R. PIMENTAL.
Acambaro, Gto., Mexico.

I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.
Naguabo, Porto Rico.

I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
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I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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JOHN W. TURLEY, M.D.
Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M.D.
San Juan, Porto Rico.

I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

comfort during serious illness is to feel that everything is being done that medical skill can devise.—A. B.

Odd Use of An Hour Glass.

The old attic of the old home was crowded with many an ancient specimen of handiwork, including an historical "hour glass," through which the traditional sands of time ran steadily as of old whenever anyone chanced to turn it over, as upon very rare occasions a curious visitor would do.

Recently in a store I came across such a glass, which would require just five minutes to empty the half-compartment into the other half below. I bought it, and have utilized it in such a way as to produce some very satisfactory, if odd, results in the way of hastening action in the young folks. I'll explain, and perhaps you'll see it to your advantage to try the scheme.

"Now children, supper is over and it's time to get ready for bed. Where's the new sand-glass? Here it is and I will propose something. I am going to count one—two—three! and then turn it over so that the sand can run from one part to the other. It will take just five minutes to do this, and the minute you hear me count three I want you to start undressing, and see if you can be ready for bed by the time all the sand has run through. Will you?"

A new interest now attaches to the process of undressing, lately objectionable, and small indeed is the loss of time experienced between the close of the last meal and the ready-for-bed time.

Some of us use the hour-glass for boiling eggs, and as the task of the mother at night to get the average child quite prepared for diving into the soft sea of slumber is not a lighter task, why not employ it here also?

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Dresses, Caps, Booties, Emb. Sacques, Alms Shirts, etc. Send stamp for ill'd catalog. Send 25c (stamps) for two little sleeveless shirts for summer wear (knitted from soft cotton yarn). Give age or size required. Representatives wanted in every town.

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Then, in the morning, "the first one dressed can play with the hour-glass." Thus we stimulate one or the other of several children not equally facile in the art of getting into or out of their clothes, and the old-time instruments, so long relegated to the attics, may come forth in a new and modern mission of usefulness.

R. D.

The Uses of a Nursery Table.

An article which I find invaluable in my nursery is a low small table which my husband made for me. It is made of two well-seasoned boards, each eighteen inches square, separated at the corners by four upright posts, an inch in diameter and fourteen inches long. Low castors are screwed to the bottom board, and a coat of varnish stain, or perhaps two coats, make it a very presentable object. It is light, and a touch of the foot will send it to any desired position.

It was intended originally to hold the baby-basket for Baby No. 2 on the top shelf, with diapers and other conveniences on the lower shelf, the whole thing to be pushed under a table when not in use. But it proves quite too attractive to the meddlesome little fingers of Baby No. 1.

Now I use it to set the bath tub on to bathe Mr. Baby, and to set the bowl on for Master Four-year-old to wash

How Can I Cure My Catarrh?

By J. R. TILLINGHAST, Jr., M.D.,
Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

PRICE, \$1.00.

The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

What is Catarrh?

Changes Due to Catarrh.
Swelling of Tissues.
Irritating Crusts.
The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

"How Can I Cure My Catarrh?" is for Sale by all Booksellers, or will be sent by Mail, postpaid, on receipt of \$1.00.

THE CONTEMPORARY PUBLISHING CO., 5 BECKMAN ST., NEW YORK.

his own face and hands. For the rest, the children use it. It is a table when there are play-lunches with blocks for refreshments, a cart when there is traveling to be done, or a steamboat with an upper and lower deck if one desires to take a voyage. Moreover, it makes a truly delightful noise when iron cars are run over it by small hands.

Sometimes, when Mr. Baby is especially troublesome, fretful and exactly in the way when something *must* be done, I turn the little table on its side, set Mr. Baby in it, and he will stand and whirl the castors in great content for a long time. G. F.

A. S., Nebraska City, Neb.—We do not know how to make hair grow lower on a forehead. If there are hair follicles there, they will produce the hairs in due season; if there are none, no hairs will come. Something may be done to stimulate the follicles to activity, as we do when hair is falling out, but all endeavor is useless if there be no follicles. In an infant of eighteen months we cannot think of loss of hair, so we say; do not irritate the skin in useless attempts; wait and see if the hairs will come. As regards the "cowlick," the case is a little different. The peculiarity may in a degree be modified by the frequent use of a very soft brush. The total eradication of a "cowlick," however, we have never seen.

O loving mother, put your child into the arms of Old Mother Nature and let her fill his heart with pure and innocent and holy thoughts! Teach the little one to love the woods and the fields, the flowers and the birds, and to call his horse and his dog his friends, and you have added to his capacity for happiness a thousand fold.

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Give him a glimpse of the wonders to be seen in the study of the animal creation, and you have opened out before him a field of interest and pleasure which a lifetime cannot exhaust. There is no surer safeguard you can give your boy than to send him into the world with this love of nature filling his heart. He has learned to "look through Nature up to Nature's God," and to know the Creator, not as an abstract being, but as a living, breathing Presence. The man whose heart has been thus kept pure and tender, whose soul is filled with divine love and compassion for the suffering dumb creatures whom he calls his friends, can never become hardened in sin; it would be a moral impossibility.

A. B.

A Busy Young Mother, Mitchell, S. Dak.—Probably the best that you can do while the child is on the breast is to see that, by enema or suppository of glycerine, the child has an evacuation every day.—Babies often suck their thumbs or fingers, and give the habit up without evil results. The chief real injury, so far as we know, is that in some cases the habit is sufficiently constant or prolonged to injure the shape of the jaws, most commonly by making the upper front teeth and corresponding parts of the jaw project.

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L. B., Akron, O.—We do not think regularity so important as to demand the waking of a child who "sleeps over" only a reasonable time; but at your bedtime, if that is regular, it might be better to prepare the meal and gently wake her by offering the food. But this is rather for the regularity of your own rest than for any real need for her. If the child were a good feeder and had a good digestion, the late meal might be omitted by re-arranging the other meals so that she could take more at a time and so go without food for a longer

time. But from 5.30 p. m. to 7 a. m. is rather too long.

B. A. B., New Britain, Conn.—The subject was pretty thoroughly considered in a recent number. The habit of requiring the touch of the suppository may continue until the baby knows enough to make an effort in response to your urging. More than one movement daily is desirable, but if you can certainly secure one, and with regularity, it may do. If you desire two there is no better way in a nursing baby than the use of the suppository.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

PUBLISHED BY THE BABYHOOD PUBLISHING CO., NEW YORK.

GUSTAV POLLAK,
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FRANCIS D. POLLAK,
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Weaning the Baby.

The subject of weaning is a very important one in the life of every baby, and one with reference to which mistakes are frequent. Many mothers fear to wean the child on account of the approach of hot weather. One said to us recently: "I am afraid to wean my baby because it is his second summer, and it is so hard to carry a child through its second summer."

The first thing that we must establish is the proper time for weaning. The best authorities give it at from ten to twelve months. Yet very few children are weaned at ten months, unless on account of a deficiency of breast milk. Of the reason assigned by mothers against weaning at the end of the first year, the most frequent is the approach of hot weather, that bug-bear which comes upon us every year. But hot weather can always be foreseen and provided for, and there are so many good reasons against letting the nursing go on after the twelfth month that this objection should be set aside.

A healthy child, at the age of one year, has generally found out that he has a liking for the "tastes" that he

gets from the parent's table, and most children will drink milk from a cup or bottle, though many breast-fed children refuse the bottle and prefer the cup. At twelve months the child's stomach has reached a perfection of development that permits him to digest bland ordinary food. The coming of the teeth, and the formation of saliva show the development of the glands in the stomach that digest starches, and at fourteen months the canines, or meat-tearing teeth, will soon appear, and some of the grinders are already present. These signs show that the infant is ready to take food other than the simple breast milk.

Another excellent reason for weaning comes from the side of the mother. She is more or less worn down by the birth of a child, its subsequent care, and the necessity of providing through her own system and her own food for the wants of a second individual, and one who is becoming clamorous that nursing time should never be delayed. All the material for the growth of the now large and heavy child must come from the mother's food. This strain bears more and

more heavily day by day; she begins to give the infant a taste here and there of food from the table, to satisfy the craving for something stronger, and gradually the child attains a mixed diet, taking in addition from the mother whatever milk she can give. If the child can digest any of the parent's food, why not a suitably selected specially prepared diet given regularly?

But few mothers realize that, as the nursing time goes on, the milk becomes thinner and poorer. New elements of nutrition are needed, and the amount of the old ones becomes too small for the growing child. He begins to creep and try to walk, and more bone-forming elements are demanded by the system, which are not supplied in sufficient quantity by the breast milk. The child has to take an amount of water, in order to get nourishment, that is far greater than he needs, or than is wholesome for him. The mother wonders why she is unable to walk as formerly, or to do as much work; while she fails to realize her inability to carry the ever-increasing burden of double nutrition. No mother should carry on lactation after the twelfth month. The outside demands of her ordinary life are sufficient to need all her strength, without feeding another body beside her own.

How then shall we obviate the danger of the hot months? By beginning the weaning in cool weather, before the extreme heat weakens the baby's digestion. If the end of the first year comes in the summer, carry on nursing for a couple of months longer, supplementing the milk by a proper-

ly selected food. But wean as soon as the first cool weather permits. If the twelfth month comes in June, wean in April, and May will give the child time to grow thoroughly accustomed to its new food. If possible, take the child away to a cooler climate for the hottest months.

The difficulties in finding an artificial food which will agree with an infant occur when the change is made at or soon after birth, not at the end of the first year. At birth the child's stomach is not fitted to digest the starch preparations which form the basis of most infant foods. If the child at twelve months old can digest bread and potatoes, which we so often find given him, surely he can take cow's milk.

It is often well to wean gradually, giving the artificial food during the day and allowing the child to take the breast during the night; but this gradual process should not last more than a week or ten days. The gradual method favors the removal of the milk from the breast, as well as the change for the child. It enables the mother to use the means to dry up the milk, without the use of a breast pump. If weaning is carried out suddenly, it may result in a good deal of vigorous kicking and screaming from the infant, as well as pain and soreness of the breasts for the mother. She should always bandage the breasts firmly with a soft towel, to favor the pressing out of the milk, and to support the breast, and aid it to contract to its normal condition.

It is not our purpose to advise any form of artificial food here, or to discuss the different methods of feeding.

Select with the advice of your physician a suitable food, or use simple cow's milk, as we prefer to do, and then accustom the child to its daily and regular use, and the weaning can be carried out without trouble.

Simple Rules for Baby's Benefit.

Nature seems to be trying to exceed herself in the glowing delicacy with which she shows her charms in a healthy infant's mouth. The membranous lining is so soft and beautiful that it seems quite unprepared for the reception of the great variety of objects with which it must combat and ward off injury and disease. No physician nor mother can doubt that so thin and vascular a lining has very great absorptive power. This fact springs upon us anew with every statistical report of the great mortality in children under five years of age.

A great number of objects, most of them unclean and unfit, once within reach of Baby, are sure to enter his mouth, and, if the whole truth were known, doubtless become the source of disease, with all the complications to which infancy is heir.

We find, too, no less delicate an arrangement in the continued membranous lining of the œsophagus, stomach and intestinal tract of the baby. As in the adult, irritation of this membrane in the stomach or intestines of infancy is indeed a serious matter. But we must bear in mind that irritation is also much more easily produced in the infant than in the adult.

Cleanliness is the golden oar in the steerage of infant life. But every mother severely tests the theory when she asks how and what is to be done. Perhaps but one thing can be done,

theoretically, to attain the ends of ideal cleanliness, and that is to keep the entire globe with all its contents under a reign of permanent and absolute sterilization. Next to this (and with considerably less trouble) we would advise most diligent watch over Baby's playthings. A sufficient variety can be provided, and these can be of such a character that sterilizing will not injure. Many babies are sacrificed every year by being allowed to play with the toys of other children when taken for a visit to friends or neighbors. We hope to impress mothers and nurses with the importance of most scrupulous cleanliness of everything within reach of the baby so long as he retains the tendency to try everything with his mouth.

As to foods and the nipple-shields, bottles, etc., used in artificial feeding, we can only say, apply with greatest diligence the same golden rule. To this we might add that it is as important for the whole surfaces of the breasts of a nurse to be thoroughly, though gently, cleansed before each nursing as it is important for Baby to have his daily bath.

Besides the points above noted, there are several important things for the nurse to bear continually in mind:

1. That Baby's future strength and hope lie largely in the care he receives till he is two years of age.

2. That Baby's mouth should not be victimized by a various multitude of "kissers."

3. That "colicky spells" are very often the natural result of over-attention or irregular feeding. The stomach of an infant holds but a very few ounces. It takes about an hour for digestion after a nursing, and some time should elapse between feedings further than is required for digestion. The stomach of the baby requires rest just as surely as that of a grown person.

4. That a healthy baby will sleep from 16 to 21 hours out of the 24, only awakening for his meal if a regular time (say 2 hours apart) is established. Too much and irregular nursing has much to do with causation of the dangerous and troublesome diarrhoea of infancy.

All sorts of sweetened mixtures are given the baby, and help to produce stomach and intestinal irritation, indigestion, catarrh and stomatitis. Many a helpless child is sacrificed by stuffing it with all sorts of remedies for every conceivable ailment, real or

imaginary. We believe that Baby's chances for good health are much better if he does not make the acquaintance of medicines, sweets, etc., in his earlier days. Certainly medicines should never be given except by advice of an intelligent and careful physician who is thoroughly informed on affections of infancy and childhood.

Many infants suffer from being too closely housed. From the time Baby is one month old he should be taken out every nice day for an airing in summer, and as often as possible in winter. His eyes should always be protected from a bright light.

Let Baby live in a reign of cleanliness, let him get intelligent nursing by a healthy mother, plenty of sleep, fresh air and sunlight, and careful handling; let him be guarded from too much tossing about and kissing by his admiring visitors; give him few sweets and so-called remedies, and he will kick and chatter approval, thrive well, and every one will call him, as he will deserve to be called, by the natural appellation of "good baby."

The Kindergarten as Related to Baby's Eyes.

The casual reader at sight of the above heading will say, why, what has the kindergarten to do with Baby's eyes?

We little appreciate the constant and continuous use to which we subject our eyes until, from some cause, more or less serious, we are deprived, in whole or in part, of their use and

we find how great and constant has been the service to which he had subjected them from our earliest days.

Now, what are the conditions of the little ones when sent to the kindergarten? In many cases, the eyes are perfectly normal and in many others there exist errors of vision, of more or less severity; yet in most of the

kindergartens the children are given the same kind of work, and expected to secure like results, no matter what amount of eye effort may be needed.

Again, what is the character of the exercises? Often extremely fine and necessitating the threading of needles, the picking of pinholes and the abominably fine paper weaving, as trying to their little eyes as fine drawn work is for the adult, to say nothing of the many bright colors. This kind of work is frequently continued, without change, for long periods, and we have known children to be severely scolded for not readily threading their needles when from their error of vision it was almost a physical impossibility.

But you say it cannot be injuring your child, for she is so fond of it. Very true, so she may be, and so may her mother be fond of fancy work, and yet she knows it hurts her eyes and makes her head ache. We all are fond of many things that may not be for our best interest. The little one likes the pretty work and does not realize the strain on her eyes until from headache, redness, and burning of the lids, styes, etc., or possibly the presence of a slight cast in one or both eyes, the mother's attention is attracted, and she notices that whenever the child is away from the school and not using them, the eyes look and feel well. As soon as the kindergarten opens its session again, then the old story of headache, etc., is renewed, and the child is peevish, nervous and out of sorts.

At the early age at which many children are sent to the kindergarten their eyes are not fully formed, and being more or less plastic are easily

susceptible to alterations in depth, etc., due to over-taxation, and these changes, although very slight, often are sufficient to cause visual errors in eyes which otherwise would have developed into perfection. Where slight imperfection previously existed, this is increased to serious trouble and the children are compelled to wear glasses to correct what might have been avoided had proper precaution been early adopted.

How can the kindergarten be managed so that this really excellent institution may be made an instrument of good instead of evil?

A few simple rules must be insisted on.

First.—Well lighted, heated and ventilated school-rooms.

Second.—Short exercises, say, for twenty minutes, alternating the work with play. In clear weather out in the playground, and when stormy in well-adapted play-rooms.

Third.—Careful watching of the children, to see which seem to have difficulty, and analyzing this difficulty to determine whether it be mental or visual or both combined.

Fourth.—Variation of the tasks for different children, depending on their showing either by holding the work in an unnatural position, or complaining of their eyes or head, that the eyes are not acting in a perfectly normal manner.

Fifth.—Calling the attention of the parents—through the teacher—to these manifestations on the part of the pupil that they may have the child cared for and obtain the advice of an eye specialist as to the best method of preserving the eyes and preventing serious trouble.

When and Why the Baby Should Have a Drink of Water.

Does the thought of giving the baby, whether sick or well, a drink of water ever occur to the mother of a nursing or bottle-fed infant? This question can be answered with but few exceptions in the negative. Does it occur to the physician to suggest the same for his little patient? Comparatively seldom. The idea that an infant should not have plain water to drink is so thoroughly grounded in the minds of many people that they rebel when it is suggested to them. In an experience with several hundred mothers of young babies, both in institutions and in private life, we have met but very few to whom the idea had ever suggested itself. The opinion seems to prevail among the better class that a babe less than one year of age should get nothing but milk or some one or more of the liquid foods. A great many of my dispensary patients are given everything drinkable but water.

Every physician who has much to do with children has often elicited the following history of his patient after a careful inquiry: The bottle-fed infant was taken sick with some slight ailment accompanied by fever; perhaps there was a slight bronchitis, or a tonsilitis, or a dyspeptic catarrh; at all events the child was feverish and thirsty; the usual amount of milk, at other times sufficient, now did not satisfy; the baby cried for the bottle after feeding, and was only appeased by an extra allowance of milk. This

indulgence was continued for a day or two, and was followed by diarrhœa and vomiting, directly produced by the repeated overloading of the stomach, the severity of the attack varying according to the condition of the child, the season of the year, the nature of the food given and the surroundings. The crying for the bottle was interpreted by the mother as a call for more food, and as the crying was stopped when it was given, the process was repeated. The babe did not require more food; it was thirsty and would have been just as well satisfied with a tablespoonful or two of water, and the unpleasant if not dangerous results of overfeeding would have been obviated.

So thoroughly have we become convinced of the great benefit derived from giving water to sick babies that we now order it in nearly every case with fever, and it is astonishing to see how the restlessness and many of the symptoms we are apt to attribute to pain and fever disappear when it is given freely. By freely we mean from $\frac{1}{2}$ to 2 ounces immediately after or between the feedings. If given immediately after the feeding a smaller quantity will, of course, be required. Time and again we have seen infants with measles, scarlet fever or pneumonia, after a period of great restlessness, fall into a quiet sleep when a couple of ounces of cool water had been given.

In summer diarrhœa, the so-called

cholera infantum, with the large watery evacuations, the loss of fluids from the body is enormous. In such cases the little patients take the water ravenously. We have given babies eight to twelve months old, with severe diarrhoea, from 4 to 6 ounces of water every two hours, alternating with the sick diet which was also a fluid. Sometimes after taking such a large amount the child will vomit, especially if it is handled a great deal. The patient should, therefore, be kept absolutely quiet; but if vomiting occurs it can do no harm; in fact, it may be beneficial, as it serves to wash out the stomach, possibly removing curds and offending material, and so taking the place of a stomach washing. After a few minutes of rest a couple of tablespoonfuls may be given, and will almost always be retained.

In some forms of illness it is necessary to diminish the amount of food given. In these the loss in bulk should always be substituted with water. During the hot months of July and August the breast-fed infant is apt to be nursed too frequently or too long at a time, consequently overnursed—more milk is taken than is required. If a few teaspoonfuls of water are given after it has nursed the proper time, the babe will be just as well satisfied. Or if too frequent nursing

is the trouble, a small amount given between the regular nursing hours will enable the child to go the usual time without inconvenience. If this is done the babe will not be overfed; and, further, the water, if given immediately after the nursing, will assist in the digestion of the milk by causing the curd to form in smaller masses, and it is, consequently, much more easily acted upon by the stomach juices, thereby helping to keep the stomach in a healthy condition, the chances for serious trouble being thus largely lessened. If a drink or two is given at night during the excessively hot weather, it will help to break up the pernicious habit of frequent night nursing, produce sleep and comfort for the child and much-needed for the mother.

The water to be given should be boiled, put in a cool place and kept carefully covered. It should never be given very cold. It will usually be well taken from an ordinary nursing bottle at a temperature of 50 to 70 degrees Fahr. Some babies will not take the water at all, at first, if it is cool; in such cases, of course, it can be warmed. It will readily be seen that the advisability of giving the baby water to drink when indicated as above is unquestionable. Harm it cannot do.



Round Shouders.

Round shoulders are an exaggeration of one of the physiological curves which exist in the spinal column.

The spine in the new-born infant is straight. When the child begins to sit, however, the weight of the head and shoulders upon the spine necessitates a certain curve on its part, to preserve its equilibrium. In standing and walking still other curves are developed, due to the changed position of the pelvis in these attitudes.

The result is the establishment of the so-called physiological curves found in all persons, which are constant, but which vary in degree according to the habits and occupations of the individual. These are: A long curve in the dorsal region with the convexity backward, a shorter one in the neck, which gives the pose of the head, and one in the lumbar (waist) region, with the convexity forward, giving the hollow in the back.

These curves are somewhat straightened out in lying down, as we know a person is slightly taller at night than in the daytime, by about three-tenths of an inch. In round shoulders, then, this physiological dorsal curve is more or less increased; the back has a marked convexity in the shoulder region, the shoulders are somewhat drawn forward, and the shoulder-blades project back and out with a wing-like appearance. The head is also generally carried forward.

Faulty Positions in School.

This condition, which is a very common one among children, is generally

caused by faulty attitudes in sitting and standing in school, and often at home as well, for which the occupations of growing children offer special facility. The ordinary child from seven to fifteen years of age is confined in school for from three to five or six hours, depending upon his age. During this time he sits in a chair which was neither designed for him, nor especially accommodated to him. In many schools little attention is given to the relation of desk and chair as regards their height, distance from one another, and general comfort. The result is that a child often sits for hours before a desk which is so low or so distant from him as to make it necessary for him to carry his head forward, in order to see properly.

If the back of the chair is not properly constructed, if it does not follow the natural curves of the spine, the child's back is not adequately supported and may sometimes be actually pushed forward at the shoulders by the forward curve of the chair-back at this point, thus favoring the very evil we have in mind. The attention of the child at school is diverted to books, and one so diverted will pay small regard to the position his body assumes while thus occupied, so long as he can see his work.

A low desk, or one too distant, poor eyesight, or too long confinement at writing or copying, all these will keep the head drawn forward, stretching the muscles of neck and shoulders, and preventing the proper expansion of the chest muscles. Any of these

positions assumed for long periods of time are especially liable to affect the growing child.

These attitudes which bow the spine press the anterior segments of the vertebræ together, and, while it is probable that the bad effects are first seen upon the muscles, there is in severe and long-standing cases a hardening of the spinal column in the direction of backward curvature, making a thorough correction of the deformity very difficult. This condition, however, rarely, if ever, occurs in young children.

The effect of faulty attitudes in inducing round shoulders is very evident in tailors and cobblers, whose work is such as to necessitate a constant bending forward of the head, in order to see the work which is held low upon the lap. The same condition is found in some professional gymnasts, who have brought on this deformity by too assiduous practice on certain apparatus, notably the trapeze and the hanging rings. In these exercises there is a constant pulling forward of the shoulders due to over-exertion of the chest and the shoulder muscles, which in time become what is known as muscle-bound. Such gymnasts may have an otherwise fine muscular development, but their appearance is greatly injured by the condition of round shoulders and of relatively narrow chest.

Weakness of muscles, due to recent disease, to general ill-health or to lack of use, may be another cause of round shoulders, and this, combined with the tendency referred to of assuming faulty positions in school, will permit of the establishment of this deformity.

It may be asked why some children who are subjected to these school and home influences become round-shouldered, and others do not. The reason may often be found in the temperament of the child. A child who is vivacious and active is less liable to such deforming conditions because of the constant changes in position he will make. An active child, constantly running and jumping or moving restlessly about, may in such activity exercise every muscle of the body, and will in this way avoid the chances that surround one who is more phlegmatic. The phlegmatic child gives his stretched or contracted muscles little opportunity of returning to their normal condition.

The spine is composed of many segments, called vertebræ, which are bound together by ligaments and held erect by these and by the numerous short and long muscles which run between these segments, as well as through its entire length. The erect position of the body in standing and sitting is only maintained by the proper contraction of all of these muscles.

So much laxity is permitted in attitude, both among children and adults, in sitting and standing that a certain conscious effort is necessary to maintain the erect position, and the cultivation of this consciously erect attitude should be largely a matter of home training. The domestic life of the child is somewhat responsible for round shoulders, particularly in two respects, one being the same lack of attention to position in home writing and reading as may exist in school. The child reads perhaps in easy

chairs intended for his parents, the high backs of which push his head forward, and his book is held low on his knees; or he writes at a table too low for him, not properly adjusted, which induces him to stoop the shoulders and neck forward, giving him the deforming backward curvature in that region and preventing the expansion of the chest muscles. So much does this position become a habit that children will often involuntarily assume it when called upon to write or study, even when the chairs and table have been properly adjusted for the correct attitude.

Tight Undergarments.

The attention of the writer has been particularly drawn of late to the influence of tight or wrongly constructed underwaists in assisting this deformity. The corded underwaist, which is generally worn for support of skirts, underclothing and side garters, is quite capable of doing harm, unless very loose and properly fitted over the shoulders. The material is perfectly unyielding, and has non-elastic shoulder-straps which are often buttoned or fastened in front. These straps, if tight, have a tendency to pull the shoulders forward and to prevent the proper expansion of the chest, and any backward movement of the shoulder and shoulder-blades is defeated or made uncomfortable by the limitation. Such articles of clothing are very pernicious in their constantly exerted, although slight, pressure, and may be partly responsible in some cases for round shoulders.

The prevention of round shoulders would naturally seem to consist in attention to the domestic and school

hygiene of the child, particularly as regards positions in writing or studying, and in piano practice; in care as to the proper proportions of chairs and desks, and in the provision of some systematic physical exercise which shall strengthen the muscular system as the great factor in maintaining an erect carriage.

As regards school life, short hours for young children should be the invariable rule. No child under ten should remain in the schoolroom over three hours, and less time should be allowed if he is delicate. The immobility which is more or less the rule in school discipline is in itself a barrier to good bodily development in the young. All children should have a few moments' interval between lesson periods in which to run about and change position. Failing this, a few brisk arm and leg exercises should be introduced, to be taken standing at the desk. Such exercises should include backward bending of the head, arms and trunk as far as possible under the circumstances. It is most desirable that schools, in addition to this, should have stated periods in which scholars should receive some definite instruction in light gymnastics, marching and the cultivation of a good carriage.

Desirable Improvements in Furniture.

The hygiene of school furniture has been much discussed, and the result has been that in most good schools several sizes of desks are provided for different ages. As, however, the age of the child by no means determines his height, it may be that one undersized boy of ten years may find his desk too high, while the next one of

the same age, being overgrown, would find the same desk too low. It is manifestly necessary to have a system of desks and chairs which are easily adjustable, so that in every case they may be fitted to the children, and not the children to them. The writer has been favorably impressed with the efforts made by some manufacturers in this direction, and would recommend their adjustable furniture to parents and teachers, confident that systematic exercise alone will not overcome the effect of constant occupation in abnormal attitudes. The special feature in this furniture is its adjustability to every child.

Attention must also be given to the position of a child at the piano. The ordinary piano stool should never be given to children. A comfortable high chair should be provided with a back which supports the spine to the point of the shoulder-blades, and, if necessary, a small hair-cushion, fitted in the lumbar region. A foot-bench should always be provided.

A Few Exercises.

When the condition of round shoulders already exists, however, in addition to the measures already mentioned, more vigorous ones should be taken. These will consist of prescribed exercises for the muscles that sustain the head, those that hold back the shoulders, and those that support the spine. In ordinary cases a systematic and well-arranged course of muscular exercises will suffice to effect a cure. In severe cases it may be necessary to resort to the use of braces in addition. There is a triangular-shaped muscle known as the trapezius, which extends from the

base of the skull to the lower border of the shoulder-blades, which is especially to be brought into play in such cases; and exercises which carry the head backward, those which involve throwing the arms back from the shoulder, as well as backward movements of the upper spine in connection with arm movements, are all excellent for this purpose.

The following exercises may be practiced:

(1) Raise arms before you shoulder-high. Extend arms sidewise. Throw head back. Straighten head. Move arms forward. Lower arms. Repeat these ten times.

(2) Stand erect. Raise arms before you. Rise on tip-toes, then throw arms as far backward as possible. Sink again on heels and drop arms to side. Repeat ten times.

(3) Raise arms, with elbows bent, shoulder high, bringing palms together in front of face, then, with elbows still bent, swing both arms vigorously backward as far as possible, even with the shoulders, palms looking forward. This should be repeated several times; but as the position is somewhat fatiguing, rest or change of exercise may be made between the movements.

(4) If the child is young, an excellent exercise for the muscles which keeps the head erect is the following simple one: Let the child sit in front of mother or nurse. Place the hand against the neck and base of skull and have the child push the head back against the attendant's hand as far as possible, the attendant resisting the pushing, and gauging her resistance by the strength of the child. Return

to upright position and repeat the exercise. The same exercise given to the whole spine is excellent. Both hands may be placed against the shoulder-blades of the child, who is told to push backward, holding the head and spine rigid, as far as possible. In returning to the upright the backward movement may be repeated.

(5) Exercises with a wand or cane may be given, in which the wand, held in both hands, is carried from above the head back and down behind the hips, the head being thrown backward at the same time. This movement enforces a correct position of the shoulder-blades, and if taken vigorously is helpful.

(6) The following exercises should be taken with assistance of mother or nurse, or are perhaps best given for the first few times by a physician or trained assistant, who can better gauge the strength of the child, but after that are in themselves easily done: Let the child lie on a table or hard couch, or on a rug on the floor, face down. The feet being held down by the attendant, the child raises the trunk and bends it backward as far as possible, throwing head back with the shoulders. The hands are clasped behind at the waist. Lower body to original position. Repeat three times.

(7) Better still than lying on the floor is a position with the head and shoulders extended over the padded edge of the table. If the child is strong enough the same backward extension of spine and shoulders given in No. 6 should be taken, at the same time executing simple movements with the arms, extending them above the head, sidewise, and finally down to side on table, and throwing the head well back while performing these movements.

(8) Same position. Bend arms at elbows, resting hands on shoulders. Raise head and spine as before, throwing elbows backward as far as possible.

(9) Same position. Raise arms sidewise and throw them back as far as possible as though touching back of hands, raising head and body as before.

Children with round shoulders should sleep on a very low pillow, or, better, with no pillow. They may also be allowed to read in the prone (not supine) position, resting on their elbows with the book at a proper distance from them. This position throws out the chest and throws back the shoulder-blades, and is useful to that extent.

The Mothers' Parliament.

"Babyhood"—Its Friends and Foes.

Among the magazines and newspapers circulated in country towns, there is scarcely one without its weekly paragraph on "The Care of Babies." Some of these may be from the pen of skilled physicians, though probably

only extracts from longer articles—incomplete, unsatisfactory. The vast majority would seem to be by people who have a mere smattering of their subject, and whose advice is not only misleading, but often dangerous.

A newspaper boasting a wide circu-

lation offered, about a year since, a prize to the lady sending the best paragraph (to be limited to a postal card) on "How to Dress and Feed the Baby." The prize was awarded months ago, but the editor, with an impartiality worthy of a better cause, has gone on publishing, one after another, all the postal card essays which *failed* to take the prize. The authors are plainly women, such as abound in country districts, who claim that their "experience," limited to the raising of half a dozen, or even of one or two children, is superior to the knowledge of men and women who have made the study of medicine their life work.

The average country-bred young wife approaches maternity with hardly any understanding of the needs of the little creature confided to her care. The newspaper paragraphs alluded to attract her eye. Eagerly poring over them, she is sorely perplexed and puzzled by the contrariety of advice. Perhaps she labors under the disadvantage of having a physician whose arduous duties in his territorially extended practice have made it impossible for him to keep up with the times. Her nurse may be a woman whose only claim to the position is the fact of her having had children of her own, years and years before. The old aunties of the neighborhood ply her with gratuitous advice, offer her samples of this or that consumption cure and this or that soothing syrup, or "if she *must* have a doctor," suggest that "if they were in her place, they should try Dr. ———," mentioning in turn every practitioner within a radius of five miles. Driven by her own nervousness and unrest to try and

take every one's advice, she is indeed like a rudderless bark among breakers.

What a boon to such a mother BABYHOOD would be! How greatly would it reduce the terrors of living miles away from medical aid! How easily could she afford to turn a deaf ear to the old wives' tales, feeling that the best thoughts of America's best medical writers were at her command.

We BABYHOOD mothers have a missionary work to do that will bear good fruit in the next generation, if not in this. It is real work, requiring all the energy and patience we can bestow: The life of a BABYHOOD mother is not always a bed of roses. She has as much to contend with in her way in a country community as a progressive physician has in his. I spoke the other day to the mother of a puny little baby which was being fed on a certain food in the face of colic, loss of weight, starvation—and why? "Because its brother had been given it before him and had died at eight months."

"Why don't you take BABYHOOD?" I inquired.

"Oh, well," came the hopeless reply, "I did have a copy of it, but now I read the paragraphs about babies in my weekly paper. After all, no two people agree about bringing up babies. You've just got to average it, and it's a pretty much a matter of luck."

A lady whose words I was bound to show some deference to wrote to me saying that she did not see why I should dilute the milk for my three-months-old boy—he never could grow fat on what I was giving him. BABY-

HOOD in hand, I wrote her the most explicit and detailed account that I was capable of, on the subject. When we next met came her reply: "Why don't you give him more milk to make him fat?" The only comfort is that a BABYHOOD follower can afford to laugh at these things.

It is the same story regarding physicians. If one has found a progressive and reliable one, why in the world should he not be trusted? An old man of my acquaintance was sick unto death, and was being attended by a very excellent doctor. On going to see the patient's wife, I was staggered at once by the inquiry:

"Which do *you* think better for a fever patient, hot drinks or cold?"

"I should most certainly be guided by my doctor," I replied, astonished.

"Oh, yes, I know what *he* says, but I made up my mind I'd ask everybody who came, until I *found out*."

A member of our family was taken with a hemorrhage after an operation. A neighbor, hearing of it afterwards, demanded particulars, stood meditating, and finally remarked:

"Now wait, I'll tell you what would have been good for that—a little lemon juice or alum—now let me see, what ought you to have done?"

"What we did do," I rejoined very quietly, "was to send for the doctor."

Certainly we need an antidote in these days for the self-complacent ignorance that, having picked up a few medical phrases, parades itself as knowledge. Does not the remedy lie in the wider circulation of really scientific journals such as BABYHOOD? As these gain a firmer and firmer hold

will not the "old women," like Othello, "find their occupation gone?"

Let us go straight about our missionary work, not forgetting to read BABYHOOD so diligently ourselves that we may be humble in our own conceit and not degenerate in our old age into amateur doctors. Then shall our children indeed arise and call us blessed!—*A Grateful Reader.*

Baby's Magic.

I was at a village fair in Normandy. Stopping before a booth in which was given what is called in America a variety show, I stood watching the players, who paraded and danced on the little platform in order to induce the gaping crowd of peasants to pay the entrance fee and see the show. The clown, the athletes, the girls in pink tights all looked forlorn and unattractive enough. The girls' painted faces and undraped bodies seemed worse than when seen in a theatre, now that there was no theatrical illusion, no distance, and no artificial light. As I thought of the probably degraded lives of those poor strolling players, I gazed on the whole scene with a feeling of depression and disgust.

Suddenly my eye fell on one of the great wagons, or bedroom on wheels, in which strolling players in Europe make their journeys. Between the half open curtains, a young man stood holding a baby. It was a tiny baby *en maillot*, that is, half-swaddled, and the father was gently dancing it to the music of the band. By and by he stopped, drew the little creature to his lips, and gave it a long tender

kiss. Then, laying it up against his cheek, he stood holding it, quite unconscious that out of the neighboring crowd, where every other eye was fixed on the players, one eye was watching him, and one stranger's heart going out to him, and learning a lesson of charity and sympathy for all men. Probably he was the husband of one of the young women in tights, who had left her baby in his care while she was dancing clumsily on the platform. Probably their life was squalid enough in that room on wheels, but I no longer thought of anything painful and degraded as I watched the young father, standing with his cheek pressed on the tiny cheek of his child.

No matter how unfavorable to the growth of the higher nature the surroundings of a man or woman may be, wherever there is a baby—and, thank God, babies are everywhere—that better nature has a chance to assert itself. No matter what that poor man's life was or had been, I knew that that tiny child in his arms had brought him a little nearer to God and the higher life than he had been before its birth.

In thinking of the natural blessings which God has given to us, it is hard to say which is the greatest, but among our most precious blessings, may we not count babies, and the love which they bring with them?—*An American Mother.*

Causes of Self-Consciousness.

When kindergarten opens and the children gather for the first time about the little tables, it is a rare opportunity for the kindergartner to begin a study of type, temperament and the results of home training.

Now is the time for our study, while the children are busily employed, unconscious of the thoughtful gaze bent upon them—I say unconscious, but there are children who are not unconscious of self for a single moment, but pose, or work, or decline to work, with no other aim than to attract the teacher's gaze to the little self which longs to be noticed. There are others equally self-conscious who seek continually to draw themselves away from the teacher's eyes, who twist and turn and work their poor little shoulders and hands in real distress, with a shrinking dread of observation. To these, the natural, unconscious children show in marked contrast, as they toil with increasing interest while their work grows beneath their fingers. But the poor little conscious children are so absorbed in watching self, or the effect of self on others, that work holds a second place in their interest—if indeed they are able to work at all.

What have we done to our children that they so soon lose the charm of sweet unconscious childhood and go about forever measuring the effect of self upon others? The child who shrinks from a sudden motion or word, who watches and starts, and sometimes cringes before the teacher, is one who has been subject to very uncertain treatment in the home life. Perhaps he is extravagantly caressed one moment and struck the next. Possibly words of endearment are followed as suddenly by shouts of anger, and the child, finding that it is the unexpected which always happens at home, is forever on the watch in school in a state of nervous dread.

How can he become absorbed in his work or play, not knowing what may fall upon him at any time out of a clear sky? It will take months, perhaps years, for the teacher to overcome this shrinking dread, and then only by a course of treatment in which the salient feature is an absolute calm, together with kind words and statements on which the child finds, after long experience, that he may safely rely, alike when he is good or bad.

The children of distinguished parents are often noticed in a way which even to their limited powers of observation at once puts them in a position apart from other children. "This little girl is the noted Mr. A's child," a visitor will remark, while the other children in the group pass unnoticed. When the next visitor appears this same little girl will expect more of this marked attention, which so distinguishes her from other children, and will feel hurt if she fails to receive it, and is inclined to put herself forward by little affectations of manner that soon grow upon her, until she becomes painfully self-conscious.

Children who are overdressed will compare their dress with that of the others, and at once show that they feel a marked distinction. Children whose dress is neglected will often painfully try to conceal the loss of buttons or the great rents, and will not be able to forget self in a hearty romp at recess.

I have found it a great mistake to relate to children stories of bad boys or girls, because, if they do not resent such a personal application, they are made self-conscious by feeling that the teacher is comparing them, mentally,

with the boys and girls of her story, and whether they feel the comparison to be to their advantage or not, the result is the same, showing sometimes at once, as they begin to pose for effect.

Great unhappiness lies in the path of the self-conscious child. As he grows older the selfish traits of his self-consciousness develop. He does not see the needs of others, so absorbed is he in wondering what they think of him. On growing older, with the mistaken feeling that all eyes are fixed upon him, he shrinks into himself, a shy, awkward mortal, overruled by such a shrinking dread of being observed that fearlessness and a hearty enjoyment of work or amusement are to him forever an impossibility.

The secret of keeping our children sweet and unaffected is in helping them to feel that they are one of many. All may help in games or stories or songs. No one is brought conspicuously forward in a solo or game—unless with the idea of helping. Each does his part to make the whole complete a unity. When a child feels that the work or game in progress would not be spoiled without him, he may also be led to feel his responsibility in taking his part, and know that he is making the work or game better and more complete by his efforts. With this training, he may be led to watch for opportunities of usefulness, and when this trait becomes fixed habit, our child grows to be a man whose joy it is to bear his share, often more than his share of the heat and burden of the day.—*J. E. P.*

We Need "Big Families."

The holy desire of motherhood—is it growing, or diminishing to-day? I am one in private life and of limited outlook for purposes of comparison or study of such a question; but, alas! that I have to express the belief that the married women of this country are avoiding the duties of their position, and shrinking from the responsibilities of motherhood. The fact (as I believe it to be) is the more lamentable in that the particular women to whom I here refer are such as would bring into the world the best class of citizens; while those who are accepting the sacred office are, in too many instances, of a class whose training, habits, beliefs and surroundings cause the existence of lives which are not the most promising for the future good of the nation.

I can speak authoritatively only from my own experience. Among my married acquaintances, half are childless. They "don't want the trouble of children." Their interest in life and their ambitions are of a financial nature. The accumulation of wealth and the attempt to surround themselves with luxury—households (I will not call them homes), where everything is kept in perfect order, unsullied by contact with grimy little hands—these cannot be easily possible or compatible with the rearing of children. And so there are no children there, and lives which might be blessed and warmed and made unselfish are permitted to become the reverse.

The mother with one child does better for the world, but not well. How often do you see "the only child," of well-to-do parents, other-

wise than selfish, self-willed, arrogant, dictatorial? The exceptions prove the rule. I believe that if the several millions of men and women who are to-day treading the pathway of life were all of the "only-child kind," the banner waving at their head as a motto would read, "Every man for himself, and the devil take the hindmost." Again, I admit the agreeable exceptions that are about us; but we must not look to exceptions to make up the power which is to leaven the loaf of life. Every mother of a large family is a teacher in a school of unselfish thought, of kindness and consideration of others, of self-help and of world-help. My own mother was one of nineteen children. And God spread the unselfishness of her life, the sunniness of her disposition, the goodness of her heart!

We talk too much of the "privileges" of our new generation, the vast advantages of modern times. They are failing to create a wide large-heartedness among the peoples of the world that I meet with. They are locking lives within the narrow confines of human bodies; withholding the ready sympathy, the outstretched hand, the smile of encouragement, the cheerful aid of substantial form, which greeted the unfortunate and weak of "the good old days" which we of a younger generation decry and laugh at. The "big families" of the time of our grandfathers—will they grow popular again? They will when married women open their eyes to certain facts, the unfortunate drift of the existing public sentiment, and choose to take upon themselves the responsibilities and cares which they are now, to

a large degree, seeking to avoid. The punishment, which may have to come first, will be a punishment to the race. It will retard the advance of civilization, in the best view of it.

The world's work is a series of evolutions, and grows in beauty and richness. Man, who is created for dominion over its wealth, in sea and land, must grow in strength of mind and character and heart and body. The tendencies I speak of are thwarting this purpose of nature and withholding the perfection that is meant to be. Human life all about us wants a broader generosity, a wider kindliness of heart, a purer purpose, a longer vista. The moralist, the scientist, the philosopher may each wrinkle his brow in abstruse calculations to reach general conclusions; but I am going to claim, simply, that the world needs "big families" of the right kind—and "all else will be added unto it!"—Y.

Some Advantages of Having No Servant in the Family.

When one has the best servant, she is usually neat and clean, and prompt and faithful in all that pertains to her work. I have heard mistresses of such maids say: "I can't tell half the time whether my servant manages me or I her;" or, "she runs the house and is dreadfully extravagant, but I dare not say one word or I shall be without help;" or, "she is an excellent cook and keeps herself and the kitchen clean, but is a terror to our children."

Then comes, also, the question of the nursery maid. Should she be an elderly and experienced woman, she might wish to control the children entirely; perhaps her methods might be

wiser and her ways better than the mother's; if so, and she has the motherly heart, fortunate will it be for the little ones, and what an easy time for the happy young mother! However experience, more often, proves the latest acquisition an inferior nursery maid, one who makes the small boy afraid to look down into the cellar, and who scares little girls into obedience by telling them that the doctor will come, or relating some harmful story.

Many mothers think that they have not the time to read the great educators who teach us "to live with our children," and they recall, perhaps, some of the errors committed by their own parents in living with them; instead of being real mothers themselves, willing to forego the pleasure of society, and feel the genuineness of being creators of more than physical nature.

The servant question is one of the greatest bugbears in the woman's world. Should we give our friends our small attempts to extinguish this great trial, it would be more helpful than to relate so many useless experiences one has with the domestic.

Let us have in mind a family of five—father, mother, two babies and grandma, living ten miles out of one of our large cities. Everything about the house has been arranged for comfort and convenience. The youngest baby usually wakens very early; the mother slips quietly downstairs with her so as not to disturb the other members of the family. Various small household duties are performed; Baby gets her bath; and breakfast, the main meal of the day, is prepared. The

best of home-made and graham bread and pastry of all kinds is bought.

Picture to yourself, after breakfast, on a summer morning, grandma under the shade of the trees with some light sewing or preparing fruit or some vegetable for dinner; around her frolic the children, perhaps the mischievous boy stopping in his play to help "open the peas." In the house the mother is hastening in her morning work, anxious to join the happy group; however, this morning she will be deprived of the pleasure because the washing has been returned, and she must count the pieces and put them to air. After this comes Baby's nap, and as it is a very warm day and Baby's teeth are making her much trouble, mamma needs to sit near in order to have the nap continued. This gives mamma a fine opportunity for reading, since grandma is relating an interesting story to the jolly boy. Then comes his bath and daily nap, mamma going to sleep with him. Grandma prepares the noon meal, Baby keeping her company. After dinner grandma has her nap, mamma "does up the work," the oldest boy washes his toys, sister lending a willing hand. Then mamma sits down with her sewing, and in numerous ways endeavors to make the play instructive in such a manner as to make it only the more pleasurable. Were a servant present, even should she not object to the little ones running in and out of the kitchen and "mussing," yet that near relation between the mother and her children would be weakened. Besides, there are hundreds of instances where the children hear bad language, wrong ideas are instilled, restless, discontent-

ed and often rebellious dispositions are fostered. Children, by nature, have enough that needs to be wisely controlled without allowing them the opportunity to add what will only bring to them evil. How much more naturally will the companions of our children join in their sport when the servant is not there to divert their attention, perhaps making observations on the children's clothing or the parents' management.

The cooler part of the day is spent in the open air; it may be that an errand to the store takes all out for a walk, or a call on a friend is made. It may be asked, who is chasing the moth and canning the fruit? The winter garments could be cleaned and put away, one by one, when the wearer lays them aside. If one must buy the fruit, it does not pay to "put it up," everything considered, any more than it would be economical to make one's own candles and soap at the present day. Last fall a friend put up several bushels of tomatoes costing her only three cents a quart when done; but she had forgotten to count the cost of the cans, the fuel used and the help employed. What I remember more especially was that her children were pushed aside because the servant wouldn't be bothered, and mamma thought that she must assist in preserving the fruit.

How fortunate for the sweet girl and bright boy, whose mother has discovered—ere it is too late—that her time is too precious to be spent in running after every apple which falls, and drying it before it rots; who sees the folly of sewing all day at fifty cents, to purchase plants with the

earnings; and who also realizes that she has not the right to do her own washing, and the next day have her physician receive what she saved.

But, says a tired mother, we cannot buy good bread. If not, perhaps she could better and most easily make the bread and save time and strength by making plainer garments for her children. A neighbor told me how many more loaves of bread could be made out of a barrel of flour than one could buy. He failed to count the cost of the fuel used, the cook's waste or the number of days that his wife spent in searching for and teaching new help. When there is no dear grandma nor other kind relative to assist in the care of the children, the mother can hire sewing done or buy garments, and

it may be necessary to hire a woman a couple of hours daily to do housework, while the children are with mamma.

Some fond husband does not want his wife "servant to a cradle," but wants her society himself. Well, he certainly has it during meal time and may have her all the evening, for her children will be snug in bed by seven o'clock, and she has cleared the table while he had a romp or quiet story with the children immediately after the evening meal.

To be sure the neat housekeeper objects to leaving the dishes until a more convenient time. But who agrees with her when one realizes that a wife's and mother's sphere is higher than the mere housekeeper's? G. T.

Nursery Problems.

M., New York City.—We do not think the statement you enclose is sound. Whether or not it properly gives the views of the gentleman quoted we do not know, but that is not the point. This question of the injurious effect of sterilization upon milk is not a very new one. It is simply a re-statement of the old one of cooked or uncooked milk. It is true that cooking or sterilizing at the temperature of boiling water does work some changes in the constitution of milk. It is also true that some children fed on it do cease to gain as they should. But this last is true of children fed on unsterilized milk or upon anything else. Comparative experiments have been made by some skillful observers interested in this matter of infant feeding,

and they have not been able to find that sterilizing impaired the digestibility of the milk at all. Nevertheless, there are some physicians of experience who think sterilization inadvisable if it can be avoided. As milk is delivered commercially, it practically cannot safely be omitted. Here and there a special milk farm (we have one or two near New York) takes every detail under care, including health of cows, cleanliness of cows, of stables, of milkman's hands, of all vessels used in receiving and transporting milk. But as yet such farms are very few and the cost of the milk must be high. Sterilization is now done chiefly at the lower temperature of 167° F. (Pasteurization), which changes the milk to a less degree than does a heat of 212° F.

T., Danville, Va.—All crackers, we think—even the best—are better deferred until molar teeth appear.

W. F. F., Chicago.—The baby's weight is good for his age. He ought to be able to go without nursing from your bed time till early morning, and we think it would be to his advantage to do so. The older child's weight is also sufficient, and he seems to have quite enough food, both as to quantity and quality. It is a pity he cannot drink his milk from a cup. When he was weaned at thirteen months the time for a bottle was already past. If his four bottles of milk and the solid food are properly distributed, they will make a good enough dietary. Take this as a suggestion: breakfast (7 to 8 a. m.), milk with a cereal or bread and butter; luncheon, about 11 a. m., milk; dinner, 1 to 2 p. m., of the solid food spoken of (if meat is given, omit milk); 5 p. m., supper, bread and butter, or cracked wheat as a change. If he goes to bed promptly, this will be enough; if he is kept awake till seven or later, let him have a small drink of milk at the last moment.

F. P., Lewiston, Me.—The problem you present is not a rare one, but it is a difficult one. Your child's habits of eating seem to be all right. He sleeps about four hours by day and eight to eight and a half hours at night, besides the nap early in the evening, in all from twelve to thirteen hours per diem. This is, of course, much less than most children of the age of your child take, and less we think than most such need. The cause of the wakefulness in this case is not evident, but several hints we may offer which may

lead you to the cause. First, is the child hungry at the time he goes to bed? We presume that he has a meal just before he goes to sleep, but this may not be so, and the interval may be too long before he falls asleep. Second, is he too tired when night comes to go to sleep? Third, is his sleeping place too near the sitting room so that the evening bustle, generally attending the home-coming of the father, excites or disturbs him; or fourthly, is he, on the contrary, in a room so dark that he is timid, as many children are in the dark? And lastly—and this cause we think quite commonly overlooked—does the father smoke in the baby's sleeping room, or a connecting room? Sensitive children, and adults for that matter, are often much affected by air rendered impure in this way. If none of these suggestions help you, you may find, as is sometimes the case, that keeping the child awake a little later than you hitherto have done in the early evening, may insure a sound sleep when he is put down.

T. H., Pontiac, Mich.—There are several striking errors of diet mentioned. You say that the baby "is almost a year old," and that besides a proper diet of milk slightly diluted, she has "such bits from the table as a bacon-rind, a piece of rare beef or mutton to suck, bread and cooked or raw apple." Letting a child of less than two years go to the general table, is always hazardous on account of the things it may pick up. The bacon-rind may be so hard that she sucks only oil, and from the fresh meat she may suck only juice, but there is always a risk of any indigestible lump being swal-

lowed. A child with six teeth is not likely to get any good from bread and quite likely to have an indigestible mass in its stomach. Raw apple ought not to be thought of, and the cooked apple considered necessary to relieve constipation should be given carefully as a medicine at fixed times and its effects watched. At her age we do not usually find it desirable even medicinally.

L., Stockton, Cal.—If your milk is abundant and seems to satisfy her there is no reason to give her additional nourishment till after hot weather. If there are other reasons of anxiety than those you have mentioned, a single visit to a good physician will set you on the right track.

E. C., Reedsburg, Wis.—The excessive wetting may be due to a large amount of liquid drunk or to one of the many causes alluded to in the article on "Bed-Wetting."

G., Newton, Kan.—Under the circumstances we think the embarrassments of long clothes are less than the dangers of short ones. But short clothes may be eked out by a wide flannel bag tied over the clothes around the waist, which will allow free use of the limbs with protection from cold.

S. W., Cortland, N. Y.—Stews, pies, etc., do not seem to us judicious for a child of faulty nutrition. Milk and butter probably serve to satisfy the craving for nutritive aliment. The vegetables may be perhaps proper if they do not derange the bowels. The wine should be given with or just before food.

I. D., Bucyrus, O.—In childhood phimosis is probably the rule. The cases in which it causes irritation are, we believe, the exception. A great deal of confusion exists in the popular mind, at least, regarding this matter. Phimosis means simply such a narrowness of the opening of the foreskin that the latter cannot be drawn back. Such a condition may be a cause of irritation, commonly it is not. On the other hand, in some cases the foreskin is adherent to the glans, a condition which is normal before birth and often persists for a while afterwards. This condition is much more likely to cause irritation, and the effects of two distinct but frequently co-existing conditions are often confused.

D. O., New Britain, Conn.—You can change to milk or barley water, as often directed in our columns, if the restlessness is sufficiently important to demand a change in food. We consider no medicine "harmless" unless used judiciously, and we, of course, feel still less certainty of the harmlessness of patent medicines of the composition of which we can know nothing beyond such statements as the manufacturers choose to make public. The one you allude to seems to be *relatively* harmless.

B., Socorro, N. Mex.—When we have the choice we think that a child would better not be exposed to the temptations of the parents' table until it is two and a half or three years of age, and we should prefer that it be four years before it is given a general diet as you describe; for instance, ordinarily a muffin is hard of digestion to anyone. We know of no use for cake

for children of any age, and vegetables vary from some of easy digestion to some that tax the adult stomach.

C. C., Richfield, Utah.—There is always danger of permanent deafness under such circumstances. Catarrhal troubles are probably the commonest causes of deafness, and they are very active in just such delicate children. The child should certainly be taken to a physician, who, by advice as to his general regimen, and by local treatment of his throat and nose, may be able to prevent the advance of deafness. You will find some explanation of the source of deafness in reading our articles on diseases of pharynx and tonsils.

A. B., West Superior, Wis.—The child is sixteen months old and has six teeth (nearly). At that age the average is twelve teeth. Doubtless she has no molar, grinder teeth. BABYHOOD has often expressed its doubts of the propriety of giving to children without chewing-teeth food which particularly needs chewing, as is the case notably with starchy food. This child has in a day one bottle of food, three bottles of slightly diluted milk, a breakfast of bread and butter, oatmeal or rice, and a dinner (hour not stated) of corn-bread, and a piece of sweet potato—in all six meals; four would be enough, the quantity at a time being increased.

Y. R., Richmond, Va.—The three-months baby evidently does not perfectly digest his milk. Perhaps you nurse him too frequently, and he would do better if he got thinner milk, as he would if not nursed so often.

D., New Haven, Conn.—A real lapse consists in the reappearance of

a membrane somewhere. If it is low down in the throat the symptoms may be those of croup. If higher up, or on the tonsils, or in the front part of the nostrils, the membrane can be seen, or if high in the nostrils it can be inferred from the kind of discharge.

W., Reading, Pa.—Attend to the diet and to the digestion, as any derangement of the stomach aggravates the tendency to cough and to recurrences. If there is any marked dietary troubles medicinal remedies will be needed, tonics, stomachics, etc., according to the nature of the derangement.

L. I., Lincoln, Ill.—Before the baby is able to turn itself place it upon either side alternately. Afterward let it turn as it pleases. A sound child can lie any way if the posture is frequently changed. If any disease or deformity is detected, special positions may be necessary. The pillow should only be of sufficient height to prevent drooping of the head and bending the neck. All animals (and we think the human animal is no exception) prefer in sleeping to roll sufficiently forward to let the abdomen be supported by the ground, bed, or whatever surface they lie upon.

G., Muscatine, Ind.—You could dress him in the Gertrude suit, shortened, with the inner garments made warm enough for winter, or you could put him into regular woolen shirts and have waists to which to button woolen skirts, also the drawers when you can put them on.

P., Winchester, Ky.—The earlier history seems to have no direct connection with the present seizures. The attacks described seem to be pretty clearly that form of epilepsy known

as the *petit mal*—that is, a seizure in which the full convulsion is absent and consciousness is but momentarily interrupted. Your description shows careful observation, and you present quite a typical picture of the malady. You should directly ask your physician to begin treatment for epilepsy, unless he sees some good reason for delay.

D., Corinth, Miss.—The peptonoids we believe to be often very useful when employed in the manner described. We do not usually find them necessary for young children in ordinary health. Beef juice alone we do not use as a food in health, but it contains ingredients which we think useful with bread or cereals. But your child has too few teeth to chew much, and for the present must rely mainly on milk.

M., Dakota.—We do not think that the nausea is any less marked under the circumstances. Suckling generally disagrees with infants at such times—that is, the infant has not good enough nourishment, and as soon as the condition is known immediate weaning is under ordinary circumstances the best plan.

M., Pittsburg, Pa.—No bandage is necessary except to retain the dressing while the navel is healing. If used after that time, bandages are useful for warmth only. They should never be tight; they do not prevent rupture, and if tight favor it. Flannel we think less irritating than knit bands. It is preferable that an hour should elapse after nursing before bathing. Stated intervals in nursing are of the first importance. Nothing is more certain to damage the digestion than haphazard and too frequent nursing.

Glendale, S. C.—The subject is rather beyond our scope. Vomiting in pregnancy is practically universal. It varies in degree, often taxing the ingenuity of physicians. Medical treatment is only moderately successful in ordinary cases, inasmuch as it does not remove the trouble entirely. In very severe cases the careful attendance of a physician usually brings a threatening condition down to the level of a tolerable one, and time finishes the cure. The details of medical treatment we cannot here discuss.

A. R., Port Jervis, N. Y.—It does not appear how severe is the constipation, and we do not know whether it demands medicine or not. The mild colic can be met as it occurs by the use of tea of anise or mint. If the curdy indigestion is persistent, some pancreatine might help it, but you should have the dose advised by a physician who can judge of the child's needs.

D., Lexington, Ky.—During hot weather the dietary must be very simple. Our recent articles on the care of milk will help you. Soups with rice or barley (no vegetables) are useful variations. Meat not overdone and carefully chewed is to be given in moderate quantity. Very ripe peaches are generally allowable. Apples are usually to be avoided.

H. T., Newark, O.—It is hardly time—in view of his condition—to expect the canine teeth. The delay of the last two incisors is not rare, and occasionally they fail to appear in the first set, but probably they will come by and bye. The reason of the irregular development—supposing the teeth to actually exist in the jaw—we do not

know. We are familiar with such cases, but not with the hidden causes.

N. J., Port Huron, Mich.—At her age we do think night-nursing—*i. e.*, between, say, the mother's bed time and early morning (10 p. m. to 5 a. m., for example)—should be discontinued. It would give rest to baby's stomach, rest to you after a few nights' discomfort, and your better rest would bring better milk. A drink of water, a good deal of coaxing, and firm refusal of the breast will presently win the battle.

S., Brooklyn.—There is no starch in breast milk.

D. O. T., Quincy, Mass.—The color is generally attributed to a deficient amount of bile in the fæces, but it sometimes is due to an excess of milk curd passing away in the stool. Both causes may contribute to the hardness.

F. L., Hartford, Conn.—It is no longer necessary to dilute her milk, and it would be better if she were no longer using a bottle. A cup or tumbler would be better. The milk may then be mixed with oatmeal gruel, which is rather an addition to than a dilution of its strength.

M., Pueblo, Col.—There may be many causes for the delay, but it is probable that the delaying causes have been helped by the incomplete digestion of starch.

D. T., Newcastle, Pa.—We can think of no domestic treatment applicable to the squint, except the not allowing the child to have things crowded too near its eyes.

M. R. D., Liberty, Mo.—Just in proportion as he is able to take larger quantities you will be able to lengthen

the intervals of feeding. Considering the circumstances, you have done very well.

F. J., Boston.—If the fresh milk is good, and can be kept sweet, it will probably be better than concentrated milk. The effects of "weeds" depend upon what these weeds are. You should watch for poisonous plants, belladonna (deadly night shade), stramonium (Jamestown weed), etc., and also taste the milk to see if wild garlic, or wild turnip, or any such thing gives it an unpleasant taste.

D. R. T., Mount Vernon, Ill.—The egg will perhaps be digested, but it will be well to watch carefully to see if no signs of the white appear in the stool, or if any of the symptoms commonly called "bilious" appear.

G., Somerville, Mass.—The child ought to increase in weight as well as length. She sleeps rather less than the average child at her age. It is hard to say what variation in this respect should be considered abnormal. We wish she slept more, particularly when we consider the wakefulness and want of growth in weight together. The waking at the particular time of the evening—supposing that her surroundings are as quiet at that time as usual—we should attribute to nervous fatigue at the end of the day making her restless.

F. R. T., Selma, Ala.—We do not know that this eye bath is in any way harmful, nor, on the other hand, do we know that it is of advantage to a well eye.

C. A., Lewiston, Me.—The care of the teeth really starts with the appearance of the first tooth. The

mother or nurse should use a soft cloth wrapped around the finger and dipped in a solution of bi-carbonate of soda, a teaspoonful to a glass of water; this is very soothing to the gums, and makes a splendid mouth wash. Continue in this line until baby's four lower and upper teeth appear. Now that it is possible for food to collect between them, a small two-row soft-bristle tooth brush can be used to advantage. Never brush the teeth straight across, or you will cause the gums to recede; always brush as nearly as possible downward for the upper teeth and upward for the lower ones, not forgetting the insides as well. This should be done every morning on arising, and at night before retiring; if practicable, also after each meal. The judicious use of floss silk or a quill toothpick assists very materially in dislodging particles of food which collect between the teeth.

S. C., Richhill, Mo.—The infant's scalp should be oiled and washed daily just so long as there are any fatty crusts upon it. As soon as these are removed it should not be washed oftener than once a week. After the scalp has been washed it should be well dried, and a little oil or vaseline rubbed in, and this anointing of the scalp should always be done after the scalp is washed. This may prevent baldness in future years. A little oil or vaseline should be kept continuously upon the baby's head until the hair is grown, if it comes into the world bald.

S. D., Stamford, Conn.—It is quite possible that, during epidemics of

some of the eruptive diseases of children, such a rash as the "gum" may cause considerable disturbance of mind as to its nature. While, of course, there are marked differences between the various eruptions, and although it is rare enough for a young nursling to be attacked by the eruptive forms, probably the most excellent and concise advice that could be given under these circumstances would be the consultation of a physician, the consequences of a mistake in the matter being of grave import. Where there is, however, no question as to the possibility of the presence of other disease, any mild ointment may be used with benefit, as cold cream, lanolin, benzoated lard, or what not. Occasionally it will be necessary to correct some fault in feeding; and possibly in some few cases there will be indications for further medication directed to the correction of a disordered digestive apparatus.

D. E., Kalamazoo, Mich.—The gratification of such desires is harmful, so far as is known, only through injuring the mother's own digestion, assuming that the food taken is simply indigestible. We do not of course include over-indulgence in alcohol and the like. In this case we believe the child's want of vigor more likely to be due to your want of strength, than to the cloves eaten.

B. A., Laporte, Ind.—Where only the bark is present, often and indeed usually nothing is necessary to dislodge the mucus from the throat beyond the waking and the child's natural cry. If this is not sufficient

the drinking of a glass of milk (or even water) as hot as can be swallowed comfortably, or the placing of a sponge wrung out of hot water—as hot as can be borne by the child—upon the throat, will usually relieve it. It is, however, well to have in the house an emetic, and that which combines tolerable rapidity with the requisite safety is the syrup or the wine of ipecac. If there is difficulty of breathing, from half a teaspoonful to a teaspoonful may be given, and repeated in twenty minutes if relief is not gained. If vomiting is not required, doses of from two to five drops may be given hourly or less frequently, according to the severity of the cough.

L. B., Lexington, Va.—A woman may grow fat during lactation by reason of fattening food (milk, etc.) taken to increase the flow of milk, and if the child is not as rosy or fat as desired, it is not in our opinion because the mother gained, but from some other cause. A woman may gain flesh and secrete poor milk, but the same woman probably would secrete no better milk if she had remained thin. It is a matter of common remark that fat persons (or animals) are not the best milk givers, but the difficulty seems to be inherent and not due to any gain at the time of lactation.

R., Richmond, Va.—The manœuvre of rubbing the eye-lid toward the nose moves the foreign substance toward the tear-duct in the natural direction of the flow of tears usually excited by the substance. We have been told that it is the practice of loco-

motive engineers, whose occupation makes them particularly liable to cinder in-the-eye, to always rub the *unaffected* eye until the cinder comes out. This is probably based on a recognition of the associated movement of the two eyes, and it avoids direct irritation of the affected eye in case the cinder is too firmly fixed to be easily removed.

M., Harvey, Ill.—As to medication we prefer for habitual use the introduction of a suppository or an enema to the administration of a laxative. The soap pencil, the pencil of molasses candy, or, most efficient of all, the glycerine suppository, are very useful. Very often the most persistent care is necessary to keep the bowels relieved until the child is old enough to eat and digest a mixed dietary. We have followed a good many children who were troubled with constipation in infancy, and found them entirely and satisfactorily regular by two and a half to three years of age.

D. O., Nevada, Mo.—We do not see that your child has been starved, in fact (if we understand you rightly in supposing that she had for food cows' milk not diluted, but simply mixed with enough water to supply that which was boiled off) she seems to have had pure cows' milk with gelatine, which, for her then age and previous feeble digestion, was pretty strong food. At the present time your intervals seem well enough; the amount of milk taken is not stated.

D., Mansfield, O.—Such a child should be first of all examined for deaf-mutism, and, if it hears well,

some one familiar with such matters should inquire into its intelligence. In order to ascertain whether the child hears, the aurist relies upon the tuning-fork, whistle, and bell, or implements producing noises of a similar character. In applying any of these tests it is necessary to be on one's guard, and exclude the possibility of the child having its attention called to the various testing-objects by senses other than that of hearing. For instance, the mother may test with a whistle; the child turns at once and she reasons that it has heard the sound. This, however, may not have been the case; the blast of air leaving the whistle may have impinged upon the child's face, and this may have caused it to turn around. In like manner, a child may turn because it feels the vibrations transmitted by the floor following the violent closure of a door; yet this action on the part of the child may be wrongfully attributed to its having heard the noise.

An important peculiarity of deaf-mutes, though not in itself an absolute proof, is their manner of expressing their desires through gestures, and their impatience and anger when not understood at once. One of the most important signs, of course, is the fact that the child does not begin to talk when it should. No mother should accept the verdict of deaf-mutism until such an opinion has been given by a competent aurist after he has examined the child's ears. A child may, as a result of being born so, or as the consequence of disease of the ear after birth, whether this has been noticed or not, be very hard of hearing and yet not be absolutely

deaf. If nothing be done for such a child, its deafness becomes worse from disuse of the organ of hearing, and finally becomes absolute; whilst if proper training and treatment had been instituted in such a case, there may have been achieved some amelioration of the defect.

D. B., Riverside, Cal.—Your proportion is right as it is, it seems to us. The temperature should be about blood heat, 95 to 100 degrees. The milk should be given slightly warmed for some time yet, and for a long time, if it has been kept in ice, it should have "the chill taken off."

P., Nashua, N. H.—When Phimosis actually causes trouble, the kinds of trouble are difficulty of urination, if there is much obstruction; local excitement, bed wetting, restless sleep, etc., when there is irritation without obstruction. Sometimes troubles due to straining are present, such as falling of the bowels, and rupture has been attributed to this cause. This last is certainly doubtful, as those children who are circumcised as a religious rite seem to have hernia at least as frequently as others. Remote or nervous troubles have been attributed to phimosis, but the more carefully these cases are sifted the more doubtful becomes the evidence of cause and effect.

R. I. S., Omaha, Neb.—You are right; the baby doubtless has mild rickets. The doctor is right in saying that late teething is not rare and that the baby has indigestion, but they are both symptoms of rickets, a very common ailment, although, as we have often said, not usually recognized as

such unless the bony symptoms are well marked. Fortunately your physician's treatment is good, even if he will not recognize the evil by name. Do not be over-anxious about dosing. Cod oil is rather a food than a medicine; tonics help baby better to get the benefit of his food, and with the condition you describe it is hard to keep the bowels right without pretty frequent resort to medicines. A child at fifteen months who has but five teeth can get little good, and may get much harm, from rice or milk-toast; potatoes we should entirely forbid. The oatmeal, if in form of gruel with his milk would probably be beneficial, and the crust of bread may be allowed; we should prefer it to the cracker. The squeezed juice of underdone beef is much better than beef tea.

M. O., Reedsburg, Wis.—Given an existing pregnancy how is one to get the best results then practicable? If any ailment is known to exist in the mother it should be wisely treated and cured or kept in check; if no such ailment is present there is nothing then to be done except to carry out the ordinary rules of hygiene. The woman should have as good air and as much sunlight as practicable. She should have exercise but not great fatigue, which end is generally well fulfilled by her household cares and a little outdoor exercise. The conditions of the bowels and of the digestive organs generally should be looked to.

Good nutritious food, varied in quality, sufficient in amount but not burdensome, gives the best results. In the last month or two often smaller

quantities of flesh diet are needed, milk taking its place. If the night's rest is broken, a nap or two of a few moments in the day will be found quite refreshing. All special diets are, to the best of our knowledge, not beneficial and usually deleterious. The fruit diet so often vaunted—if used to the exclusion of animal food—we much dislike.

F. A., Hancock, Mich.—For a pillow, tastes differ; but for a child certainly the pillow should be small, with linen cover, and it with the bedclothing, and if possible the mattress also, should have its daily sunbath. The blankets should not be too numerous, just enough of them to keep up a wholesome bodily temperature. The bedspread should always be removed at night, and when extra covering is needed on cold winter nights a comforter of cotton wadding or the quilt of eider-down should be used. There is, however, no good excuse for the use of rubber hot-water bottles for healthy children in ordinary weather.

A. T., Springfield, Mass.—The first attack seems to have been pretty certainly one of acute inflammation of the tongue (or *glossitis*), and the other attacks were probably similar. The resulting deformity may be one of chronic inflammation of the tongue (*parenchymatous glossitis*), or the chronic enlargement known to physicians as *macroglossia*. At this distance no opinion can be given on this point. This latter disease is occasionally developed during dentition, but, as before said, the original trouble seems to have been inflammatory. If the trouble is a chronic inflammation,

and evident source of irritation should be removed. If it is chronic enlargement, the confining of the enlarged tongue within the mouth by a bandage, except when food or drink is taken, has sometimes resulted in a cure. If gentle means fail, the removal of the redundant part of the tongue by a surgeon usually results successfully.

T., Haverstraw, N. Y.—If we are right in supposing that the child has fever and ague, the cure of the spasms must depend upon the cure of the malarial disease. No fixed rule can be given from that. No remedy can be compared in efficiency with quinine, and it, or some of the derivatives of Peruvian bark, is found in nearly every nostrum supposed to supply its place. Just how the quinine is to be given and in what combination, depends upon the case, and the best results can only be obtained through medical advice.

A. N., Helena, Mont.—The case was probably one of disease of the deeper portion of the hearing apparatus, the internal ear; as a result of this the adjacent portions of the membranes covering the brain were probably involved.

A Subscriber, President St., Brooklyn.—The dietary is pretty fair, indeed more than ordinarily judicious. If we took exception to anything it would be this: Most children of his age are poor chewers, and should have no food which they can swallow in lumps. The banana is notably of this kind; the apple is less so, but still liable to be poorly chewed. The orange is unobjectionable. For the

same reason we watch the "mashed potato, buttered," for it makes a hard mass easily. If baked potato is broken up with a fork and simply salted we like it better. He can get the needed butter on bread. The fruit at tea may be advantageously omitted. Besides "worms" and indigestion there are quantities of slight irritations that excite grinding of the teeth.

T., Muncie, Ind.—The child may have oatmeal gruel to drink with its milk, but with but eight teeth she cannot properly have oatmeal mush, which needs some mastication, nor bread, which needs a great deal. She may such the hard crust of the Graham bread she is so fond of. At her age the milk should be warmed to blood heat. You would better try to get her to sleep sixteen hours out of twenty-four, though you will probably not be entirely successful.

M. I., Harrisburg, Pa.—Milk alone will do for some time yet. A child of a year or less who can really digest cow's milk has a good digestion. When the kind of food is varied, it may be that you need not give so much milk (we do not notice that you mention the exact amount taken daily). Although milk will do for an entire diet, still we think it usually better to give some variety, such as cereal preparations, thick gruels or porridges, after a year and a half and even earlier if the molars have come and the digestion is good.

Little belts not more than an inch wide, studded with jet or pewels, vie with the Empire girdles.

Practical Kindergarten Training.

The foundation of the whole future life of a being is laid in its infancy, and the importance of understanding this period is inestimable. The greatest lesson of the kindergarten is self-help, and it is one that is easily instilled if a child is allowed to develop naturally. His instincts to do—to *busy* himself—should be fostered. Froebel explains very clearly in his "Pedagogics of the Kindergarten" (translated by Josephine Jarvis: Appleton's International Education Series, \$1.50), what his ideas are in connection with his method of play. He says the true aim of parents and teachers should be to make it possible for a child to develop freely and spontaneously, from his earliest days, in harmony with the whole of life, which is the secret of the true joy of life. Where can a child be found who does not love the true spirit of the kindergarten? If let alone he will carry out Froebel's ideas in his own play—*being* through *doing*. Let mothers but "live with their children," and they will see that this is so. Pestalozzi's "letting-alone system, with unconscious supervision," is the keynote of the whole kindergarten system. A child confused by multitudinous don'ts will never reach the development desired. Little eyes see far, and little minds, unspoiled by the world, are very quick in reaching correct conclusions; hence example is far better than precept. Happiness will bring better results than friction.

Froebel's love for children was immeasurably great. He said children should be happy to be good, and he had the faculty of making them so, meeting their needs and desires so naturally, yet so judiciously, that all was in perfect accord with the nature of man, bringing unconscious, yet

Most children eat too much, overtax the digestion, get thin, weak, languid, stop growing—that's malnutrition or non-digestion of food.


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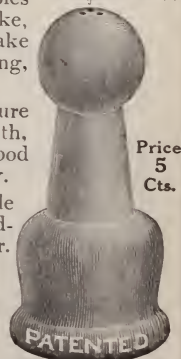
This ball-top keeps the nipple from collapsing, prevents wind-colic, and the nipple lasts longer.

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are used in maternity and infant hospitals *everywhere*. Cut shows regular size (No. 147). Petite size (No. 247) is a trifle smaller. *Insist* on getting "Anti-Colic" from your Druggist. Or for 10 cents in stamps we will send you two by mail.

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symmetrical, development. Froebel's grandest conception is that the child's play may be such as will nourish and strengthen, develop and form the life of children, and at the same time promote the life of parents and adults as well, affording them spiritual and intellectual nourishment while they employ themselves in playing with their children. He shows how the mother's actions, feelings and thoughts affect the child; also her love, faith and hope; how the course of childish employments should be pursued uninterruptedly to bring harmonious training. The life between mother and child is reciprocal, the play of the ball fosters it.

Froebel's suggestions in regard to a mother's first play with her child with his first gift, the ball, are very interesting. He leads, step by step, from the very beginning of the play to the results brought about by such play, showing incidentally how the words are learned, positions noted, distances measured, muscles strengthened, mental training given, etc., and all so unconsciously done through the simple play of the ball between mother and child that the development is entirely spontaneous. It is this natural de-

velopment which is needed, in education from the cradle, as it is free from danger to physical conditions. Precocious children, stunted minds, weakened limbs are not the results of the true comprehension and carrying out of the spirit of the kindergarten: on the contrary, we find happy faces, busy fingers, strong muscles, cheerful minds and, above all, a love for others. The development is gradual, from the simple to the complex, with no mental or physical strain. The child's contentment in play and the cultivation it brings must of necessity be an important factor in the making of the morals of a nation. The mother, the indirect nation-maker, need not wait for the symmetrical development of her child until she sends him to the kindergarten. She may apply Froebel's theories in her nursery in a thoroughly practical manner, with much benefit to herself and child.

This book is full of suggestions to the thoughtful parent in the direction of family life, family sympathy and union, all of which is so necessary for the true development of character. The practical outcome of the application of some of the kindergarten methods is shown very prettily in the

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Roche's Herbal Embrocation

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are also Quickly Relieved by a Few Applications.

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90 Beekman St., N. Y.

last chapter, where the story is told of how six-year-old Lina learned to write and read.—*H.*

The Unfinished Duck Story.

Night again!

The very early edge of it, but still night; and it finds a little boy stretched gratefully in his small white bed, from which he looks up at me and says, quite confidently, "tell me a story, please."

I smile, but he knows I *will* tell him a story, even if I have done it night after night, for a hundred times before!

"And what shall it be about this time, dear?"

"Duck," came the quick answer. Clyde likes all manner of ducks and chickens—biddies, he calls them, collectively—and never tires of hearing about their wonderful sayings and doings.

But he likes "really" things better than the "make-believe," so I try to tell him stories which, while they interest him, will help to fill his growing mind and make him wiser. The "preaching" style, or the way of saying things which carries on its face an expectation that he is to "learn" about your subject does not best fill the requirements, as I see them. The instruction he gets must be "absorbed," as flowers are furnished with growth and life.

"Well, little man, did you notice how hard the wind blew to-day?"

"Yes; an' Charlie Mills had a kite way up in the sky tied to a string, and it stayed right there. Why didn't it drop down?"

"Due to the force of resistance," came the explanation to my lips; but I knew it would be no explanation to the little inquirer looking into my face with his two bright, interrogative eyes, so I simply said: "that, and a thousand other things will be easy for you to understand by and by. God's laws are wonderful, and when you grow to be a little older you will know many things which you cannot understand now.

"See this little feather? It blew out of the one lonesome duck we were just going to talk about. It is white with a black tip, and is soft and fine and pretty."

"And did God make the feather?"

"Yes," I replied; "in a way, He did."

"God's a great feller, ain't He, papa!"

"God is a spirit, child"—and there I paused, determined to put this question aside with a host of others, rapidly accumulating for consideration as to "how" they might be made plain to this little mind, daily seeking to know the why.

Oh, that little *why*? So often asked, so hard to answer? Shakespeare says: "The *why* is plain as way to parish church." But isn't the "way" filled with constant difficulties? Stones in it are hidden by rank grass-growths; serpents lurk along the shadowed border; briars sway back and forth across its narrowness to harrass and impede. The "why" is not the easiest way in the journey which parent and child take together

for the first few years of its life, pleasant as it seems.

But still, again, this bright new mental machinery is really capable beyond our conception, and the youthful mind is making images, forming conclusions, and assigning reasons for things far more clearly than we commonly imagine.

And what about the duck story?

Well that will have to be told at another bedtime; for at this very minute I have no audience! My late tired listener is smiling at stories the angels of sleep whisper to him. Beside such stories, mine are dull indeed.

"Sleep, my little one,

"Sleep, my pretty one—sleep!"

There are pleading little eyes and a quivering lip left behind when I start from home on an occasional journey. God grant peace to that little heart if it yearns to follow, as now I long to follow into the innocent dreams of babyhood!

Tears?—but a duck's feather sheds water, or that were unfortunate.—
N. N.

Two Curls.

They went by every morning, hung two feet only above the sidewalk. Very black, very short, decided little curls they were, peeping out from a dainty cap tied under the roundest of chins. Marjorie was one of those little girls whose eyes, so many times a day, wonder "Why?" "What for?" She did not always besiege you with questions; on the contrary, there was often a sweet reserve about her that made you take her hand with a loving touch, to assure her that she was welcome, and that the world was a very good place to be in.

One day after a long run out in the sunshine, she was tired enough to sit down quietly and watch nurse put



"Used while you sleep." Catarrh.

Vaporized Cresolene stops the paroxysms of Whooping Cough. Ever dreaded Croup cannot exist where Cresolene is used.

It acts directly on the nose and throat making breathing easy in the case of colds; soothes the sore throat and stops the cough.

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away all the little warm wraps. Presently she said: "Bessie, whose curls are those on my cap? They did not grow out of my head."

"No, child, of course not."

"I don't want them. Don't you see, when the cap hangs up there isn't any little girl there?"

Bessie was hurrying off to get a cup of milk Marjorie took dollie for a little rock, then went for a kiss from mamma.

"Mamma, I don't want to wear that cap any more."

"Why not, Marjorie, that lovely little cap?"

"No, I don't; those curls are not my curls."

"Oh, but they are so pretty by that little face of mine."

Marjorie stood a minute, her eyes still asking "Why," gave her dollie a hug and ran off to play.

What Is Thought of Resinol.

I have been testing Resinol Ointment and Soap in connection with X-Ray treatment of extremely severe cases of skin diseases, and had wonderful results. I strongly recommend the use of these preparations during the interval between exposures to the X-Ray treatment.

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I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of Eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

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I wish to thank you for your past favor of sending me free samples of Resinol Ointment and Soap. I have had perfect success in treating the various forms of Eczema and Erythema with these preparations. Since our great disaster I have had frequent opportunities to use these handy samples.

DR. LYDIA J. WYCKOFF.
San Francisco, Cal.

I have used Resinol Ointment as a dressing for slight wounds, minor surgical purposes and for piles. In every case I have found your ointment to be all it is represented to be—a great curative. I have known instant relief result from its applications for piles. I heartily recommend it to my associates as a useful article, and one that is handy to have in many emergencies.

E. STREET,
Nurse, "The Sanatorium."
Matlands, Australia.

I thank you for the samples of Resinol Ointment and Soap which you have sent to me. I find the ointment the best preparation I have ever used for skin diseases, and the soap also possesses great merit.

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Desloge, Mo.

I take pleasure in stating that I have used your Resinol Ointment in several cases of Eczema, and have obtained the most gratifying results in every one of them.

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I can recommend your Resinol Ointment as the best medicine for eczema. It has entirely cured a difficult case after six days application.

C. H. EMMONS, M. D.,
Portland, Me.

Next morning, when leaving the house, she heard some one say:

"Just look at those curls! If that isn't teaching a child falsehood I should like to know what is."

Marjorie pushed her hoop along, made the bells tinkle, and came home gay as a bird. She had a long run, two little feet asked for rest—down she dropped in her little chair, on went a great big thinking cap. Did you ever see one of these? They are made of all kinds of material, all kinds of shape, some thick and heavy, others of the most exquisite texture. Marjorie's must have been made by some fairy, it was so light and yet so strong. There was no wear-out to it. When "What for" was started full tilt, you might as well give up and go to the bottom of things at once.

Suddenly Marjorie jumped up; it was about time for another kiss, as well as protest.

"Mamma, won't you *please* take those curls off my cap?"

"Now why, Marjorie?"

"Because they are make-believe. I haven't any curls. I don't want them—*please* mamma."

These repeated entreaties were not to be refused, they meant something; and Marjorie's mamma began to see that false appearances went against the child's nature. She finally threw the curls away, and now a genuine little girl greets us with her sweet smile. Her "mite" has been given for truth's sake.—K. L. T.

C. N., Newark, N. J.—The convalescence from many diseases is marked by a persistent disturbance of the temperature at some time in the day. Lastly, it is well to know when and by whom a thermometer was tested, as it may change with age, registering higher as it becomes older,

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Kreepletts—Black and Golden Brown.... 1.00
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unless kept a year or two before testing.

A. T., Denver, Col.—The trouble with nutrition is such as to need systematic supervision by a physician. He need not, perhaps, see the child frequently, but should do so regularly. Advice that we could offer would necessarily be too vague to meet your needs. Go to the physician in your city that has the best reputation for knowledge of children's diseases.

"Anxious Mother," Chapel Hill, N. C.—BABYHOOD knows of nothing better to wear for a baby born in winter, or, indeed, at any season, than the well-proved Gertrude suit of flannel, with the customary cambric slip outside. The Gertrude suit, which has been frequently described in these columns, consists of two flannel garments, somewhat shaped to the figure, high in the neck and long in the sleeves, so perfectly protecting an infant as to render unnecessary the woolen shirt, and the band after the early need of the latter is over. In dressing the baby with the Gertrude suit the garments are slipped one inside the other and both inside the frock, so that they can be adjusted with a single effort, thus saving time, trouble, exposure and worry. For a child of the age and delicacy of your little boy it would seem obligatory to

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Formerly Assistant Attending Physician, Roosevelt Hospital,
Out-Patient Department, New York City.

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The purpose of this book is to show that, contrary to common belief, catarrh can be very easily cured in most instances. Plain and authoritative directions are given for effective home treatment. The book will be found invaluable by any one subject to catarrh or frequent colds. Following are a few of the many topics discussed :

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The Danger of Neglecting Catarrh.
Stoppage of the Nasal Passages.
Polypi and "Spurs."
Loss of Smell and Taste.
Headaches.
Asthma and Other Unpleasant Symptoms.
Changes Due to Neglect.
How the Throat is Affected by Atrophic Catarrh.
Changes in the Nose and Danger to the Ear.
Irregular Course of the Disease.
Obstruction Due to Deformities.
Troublesome Sneezing.
"Dropping in the Throat."
What a Cough May Mean.
Symptoms of Ear Trouble.

Treatment of Catarrh

Preventive Treatment.
How to Avoid Permanent Damage.
Cautions in Using Sprays.
How to Deal with the Various Stages of Catarrh.
Atomizers.
Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
Necessary Precautions.
Peculiar Characteristics.
Appearance of the Enlarged Tonsil, and Treatment.
Catarrhal Deafness and Other Conditions.

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cover him with wool from neck to foot. A fine merino shirt, with merino stockings coming above the knee, and a knitted band over the abdomen held in place by knitted shoulder straps, for the undergarments; a single Gertrude flannel garment in place of the usual petticoat, and the customary cambric slip, ought to prove a combination so light and warm as fully to answer the baby's needs. Very few skins that are healthy will not bear the fine wool; it is excess of weight and warmth which makes them irritable and eruptive.

L. R., Marion, O.—The rules cannot be made hard and fast for every one, but beyond the points you suggest we should say the diet is to be ample without being burdensome either in bulk or in its demands on digestion. It should be taken at not too long intervals—*i. e.*, between the regular three meals light auxiliary meals may be inserted. In this way milk, chocolate and the like are useful.

C., Rice Lake, Wis.—We generally advise the cleansing of the scalp by vaseline, to soften the scurf, and then subsequent washing of the head. But your physician may have special reasons for directing you to do the contrary.

Turn the Current of Thought.

We never allow the children to have hearty food at supper. Bread and butter or bread and milk at this time is the fare almost exclusively. Occasionally the daughter will "weaken" and "want." She sees coffee or tea on the table steaming hot. I pour her some "comfort tea"—hot water with milk. It answers the purpose admirably. Or maybe she hankers for cake. Instead of raising an issue, and causing the sensitive little one to melt into tears and destroy the enjoyment of her

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meal altogether (which has been the case more than once in the past) I turn the question aside humorously. I take a tiny fragment of the cake and place it on a very little piece of paper, and hand it gravely to her, with some such admonition as, "Don't eat it too fast; chew it well," or "Don't take large mouthfuls." The thought has been turned aside from the longing which engrossed it, and we have a general laugh, with, "more bread and butter, please." This means a long, quiet night's sleep, instead of one interrupted by indigestion or disturbed by the nervousness of a crying spell just before bedtime. If the child-disposition we have to deal with is out of the usual, our method of meeting its moods must be suited to its needs.—*Y.*

M. B. H., Charleston, S. C.—Little children are often troubled in the way you describe. He probably has phimosis (tight foreskin), and may need circumcision. The curds in the baby's movements may be due to fat, in which case they are generally very soft. Much more frequently they are due to undigested proteids (cheesy part of the milk), and then they are generally firmer curds. Ordinarily a child should be weaned by the time it is a year old. If the milk is not sufficient it should be weaned or partly fed earlier. If there is doubt that the breast will last

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is fitted with an Aluminum Screw Collar that securely holds the Nipple to the Bottle. It is impossible for the child to pull the nipple off the bottle, thus removing the danger of the child choking on the nipple, or drenching itself with milk. Can be used with any pull over nipple. Made in two shapes as shown by the cuts. If your druggist cannot supply you, send us 25 cents and we will mail you one of the round shape, complete with our Perfection Nipple.



JOHN M. MARIS & COMPANY

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312 Market Street, Philadelphia, Pa.

through the summer the weaning should be started and the child accustomed to some artificial food, at least before the heat comes.

A New Subscriber, New York City.
—The normal consistency of an infant's movements is such that it takes no form, much like a soft porridge. Such stools as you describe are not a reason for taking her off the breast, but they are a reason for seeking the cause and calling a physician if they persist. They are probably due to the irritation of the bowels by retention of matter during the previous constipation, some, perhaps, being still re-

tained. You would better have competent medical advice if the trouble still continues.

F. L., Rochester, N. Y.—Judging from all you say as to the condition of your child, there is no reason for worrying or taking any unusual measures in her bringing up. Do not trouble yourself on account of the ancestral consumption. Do your best to keep your child in good condition, and do not anticipate disease of any kind. Of course, even a slight ailment should not be neglected, but as she has begun so well, there is every reason to think that with continued care she will develop nicely.

Babyhood.

Devoted exclusively to the care of infants and young children and the general interests of the nursery.

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The Doctor—His Duties to Us.

There are two sides to duties and obligations. If you have duties you owe the doctor, he certainly has duties he owes to you, and these are dependent to a degree upon each other. If you have many obligations to many people, this very fact implies that many people have obligations to you, so that, as Dr. Brown says: "It is like shaking hands; there must be two at it."

If this is clear, we can go on and determine generally what duties the doctor, to whom we have entrusted our lives and the lives of those dearer to us than our own, owes to us and them. First and foremost, it is plain that he must cure us if he can; that is, he must use his best efforts and all the agencies he can call to his aid to restore us to health as rapidly as possible. There is much involved in this, but it all comes within the scope of the doctor's first duty to his patient. In order to accomplish this, he must not only know what to do, but how to do it. Then he must keep his mind clear and his body strong, that his patients may have the advantage of his best energies. Again, he must

know what is being done in the world about him by his fellows; that those who are under his care may have the benefit of the collective wisdom of the profession at large. These alone are no light duties and call for hard, assiduous work and close self-denial. But we have only begun the list of his obligations.

The story is told of a Scotch clergyman who, when preaching far from home, had the misfortune to tear one of his shoes so seriously as to require the services of a cobbler. Upon inquiry his host recommended a certain Tammas as "a godly man and an elder." The minister hastened to reply with some impatience: "That is all very well, but *can he mend my shoes?*" "I'm not wanting an elder." The moral is obvious. It is not faith or prayers that are needed in such an emergency, but works. The others may properly precede, but are no part of the action at hand.

Then he must be kind and true to us. There are many ways of reaching the same end, and this is as true in medicine as it is in taking a journey. All are not equally agreeable, how-

ever, and the considerate physician, while he is true to the interests of his patient, should do and say what must be done and said in kindness. This must spring from the heart, for if it is not there the true feeling cannot be simulated. Appreciation of what suffering means to the body that lies before him racked with pain must be his in order to quickly and sympathetically do what is needed to be done. A confident bearing, a firm and ready touch, and a countenance that tells no tales, but inspires hope and cheer in the sick room—how very much is accomplished by these alone! Then there are matters that are of necessity imparted to the doctor that should be known by himself alone. Facts drawn from a patient in the extremity of fear or desolation are secrets of the most inviolable character, and should be instantly forgotten by the doctor, so far as the outside world is concerned, except as they may influence his treatment of the case. The courts invariable respect the inviolable character of these communications and rarely interfere when the plea of professional communication is interposed.

The doctor must not tell with his eyes and face what he contradicts in speech. He must therefore school himself to think without changes of expression that may needlessly alarm. Pity ceases to be an emotion, while it becomes in the true doctor a motive and stimulus to do his utmost to relieve and cure. But the principal duty is to impart needed knowledge and to point out the dangers of ignorance. A native Japanese missionary, who was in this country a few years

ago, said that the young mothers of that land expected their first born to die, since having no knowledge or experience in their care, they could not hope to rear the first successfully. But infant mortality in the Flowery Kingdom has been much reduced of recent years, by the introduction of sanitary methods and a wider spread of knowledge among the people. This is due to the efforts of our missionaries, lay and medical, who have founded hospitals and dispensaries, have held regular clinics attended by thousands, and accomplished a vast deal of good to both soul and body. In many instances, indeed, the former could not have been reached had not the latter experienced the wonderful results of modern medical and surgical methods.

The doctor, it is scarcely necessary to say, should keep his appointments with you and his temper as well. As to the first, in the multiplicity of engagements, it will at times fall to the lot of every one that circumstances do not allow of the strict keeping of an engagement, but it is surprising to the unmethodical mind how much can be accomplished by system. It is the exception rather than the rule, where effort is conscientiously made, that the hour agreed upon cannot be kept. The anxious waiting for the hour to come and the often positive torture to an excessively nervous invalid when the hour goes by and still some time elapses ere the doctor comes, indicate the appreciation that is invariably felt towards the doctor who keeps his engagements.

The writer was once asked by a young practitioner, "Do you ever

cough and clear your throat just as you enter the sick room?" "Why, no," I replied in great surprise, "unless I am obliged to." "Well," he went on, "I always do; it exerts quite an impression upon patients, and gives them a greater respect for your wisdom." I was amazed that this relic of the old days of perukes and pomposity had survived. The blustering manner and dictatorial tones, and the professional silence and mystery thrown about every action—all these while, they might still impose upon the ignorant, would cause the judicious to grieve. All this was very effective when the clergyman, the doctor and the school teacher were the only men in the community that had an education above the limitations of the common school. But we live in other times, and the clergyman will often find in the pews many who have beaten over all the old straw and found it but chaff, while they have advanced to higher cultivation and civilization. Such minds are not to be imposed upon by figure heads and externals.

The doctor should certainly keep his temper, but there are few profes-

sions in which one is exposed to such ingratitude, misunderstanding and misrepresentation. His motives are misconstrued and his judgment questioned—all behind his back so that he never knows where and how he has been undermined. There are cases in which a justifiable indignation may properly break forth and astonish some weak-minded fool who has not the sense to know how he has sinned. Usually, however, it is best to ignore the injury and overcome it by a straightforward course that in the end must prevail.

These are some of the duties the doctor owes to you. The relations are intimate and interdependent; the one cannot get along without the other. You have not done your whole duty by your doctor when you have paid your bill, for he is not like merchandise, the transmission for which is ended when you leave the shops; nor is his duty done when he has written a prescription for you and laid it on your desk. It is this deeper and more intimate relation that has not its commercial side only, but arises from trust, obedience and confidence.

"Just a Taste."

A dish of bon-bons is being passed around the dinner-table, for the meal has reached the last stage. Little Howard has been sent for, that the invited guest may admire his splendid vitality and fine development. But Howard has caught sight of the beautifully colored candies, and reaches out with both hands for the delectable

sweets. He cries, struggling in nurse's arms: "Mamma! Mamma! Give Howard just a taste; only just a taste," and the mother, who has held her own before, weakens in the presence of her guest, and rather than risk a scene or struggle, yields to his importunity.

Does anyone believe that "just a

taste" to-day will not be followed by a similar or more urgent desire when the next occasion offers? It will be much harder to resist the second time, and every yielding changes the relation between parent and child, and the mastery in government will soon be in the hands of the latter, unless great care is taken.

Candy should never be given to babies, and not to children until they are six or seven years old. Even then the very best quality should be selected, and invariably follow the hearty meal in the day. There is then little danger that children will overeat, since the appetite has already been satisfied with wholesome food. It is then given in proper place in the family—a delicacy—not a thing to gorge upon, but a sort of *bonne bouche* to close a hearty meal.

There is a vast amount of ignorance abroad on this subject. It has been my fortune for several years to be connected with one of our large dispensaries, and to have been an almost daily witness of the ignorance and inconsistency that are manifested by people on the subject of infant diet. It is most common to see a mother with a babe in her arms, in the last stages of exhaustion from chronic diarrhœa, who clasps tightly in its little hand a half-eaten banana or something equally unsuitable, which it has been munching. Again, there will be a feeding-bottle with a long rubber tube choked with the sour *débris* of many feedings, which the poor weazenened child pulls at from time to time, having been denied the nourishment an all-wise Providence provided for it, but which the mother has

done her best to suppress and drive away.

Never use a feeding bottle with a long tube, as it is a practical impossibility to keep it clean and sweet. It was the habit of the late Dr. Willard Parker, who for so many years held a clinic in the old college on the corner of 23d street and 4th avenue, to question parents carefully as to their method of feeding the children brought to him and suffering from diseases of malnutrition and defective development. He would lead them on unsuspectingly by his suave tones until they had acknowledged giving their baby about everything, from beefsteak to beer, when he would change his tones and rebuke them with unexpected severity. "The child sits at the table with the rest of you," he would ask, "and has to eat whatever you eat yourselves?"

"Oh, yes," they would cheerfully respond, "we deny her nothing."

"And that," he would say, "is just why you are killing your little one with food it cannot digest." He rarely failed to make a deep and lasting impression upon those who came before him.

"Just a taste," is a concession to what we know is wrong, to gratify a temporary desire, and which, if ungratified, would soon pass away. It means the letting down of bars, which can be replaced only with great difficulty. It is an insidious enemy one rarely recognizes when it comes from the dear face and ruby lips we love so much; but we shall show our love all the more truly by shutting out the tempter than by letting him in to start our little one on a long course

of future distress and disappointment.

At a dinner party not long since we sat by the side of a little miss of four, who partook simply of the great variety spread before her, conducting herself with great propriety. A gentleman upon the other side carelessly offered her candies, at which she said: "I can't have it, I can't have it." But he persisted. "Surely one will not

hurt you." But she continued steadfastly loyal. Wasn't she a brave little one? for, as I have occasion to know, she loved candy as well as others; but the habit of obedience was firmly implanted, and, although her mother was not by her side to enforce her commands, her influence was, and it enabled the child to gain the victory. —*M. D.*

The Meaning of Clean Milk.

The tendency of late among those physicians who are especially interested in the proper care of children is to put more and more stress upon the importance of "clean milk." That is to say, while they recognize all the importance of sterilized milk to kill poisons which may be in the liquid and of modifying it to adjust it to the digestive abilities of each infant, they also recognize, as probably most important of all, the necessity of beginning with milk which is as nearly as possible uncontaminated.

It is not proposed now to discuss at all the vexed question as to whether sterilization in any way impairs the digestibility or nutritive value of milk. But we may assume that all will agree that a milk which is clean enough to need no sterilization is a very desirable thing.

Now, clean milk does not mean any milk which comes to hand in a bottle visibly clean. It means a milk which is, as before explained, reasonably free from organisms. And the reason why this article is written is because the writer believes that it is through the exertions and the insistence of those

who consume milk that milk of proper quality will be furnished. As the evil effect of contaminated or poor milk is most evident in infancy, so the mothers are those most likely to help the physicians to procure a better quality. It will be helpful to briefly point out the common sources of contamination and to mention some of the best practical ways by which they have been guarded against.

The sources of contamination are: the cow, which may not be free from disease; the stable, which may be filthy; the fodder, which usually is so stored that its dust constantly falls into the milk; filth too often allowed to collect upon the cow and to fall into the milking-pail. Besides, the hands and the clothing of the milker are often dirty; the milk-pails may be only clean to the naked eye, often not that, and may be actually infected with the poisons of contagious diseases, such as typhoid fever, scarlatina or diphtheria. And at every moment and in every manipulation some new source of contamination presents itself. The marvel is, not that milk

is often contaminated, but that it is so good as it generally is.

Of recent years many dairies have endeavored, and successfully, to produce a cleaner quality of milk. The bottling of milk was the outcome of such attempts. There is, however, nothing to prevent careless or unscrupulous dairymen from bottling milk which is not clean. Very recently the cleanliness has become scientific and, in some degree, imitates the cleanliness of modern surgical procedures. The details by which cleanliness is insured are not just the same in all the best dairies, but the essentials are the same in all. These we may briefly summarize.

The cattle are chosen with the greatest care to exclude any disease; in some dairies the tuberculin test is used on all cows before admission. They are quarantined. No cow which is sick or disordered is allowed with the rest. The greatest care is exercised for the cleansing of the stables many times a day. No hay or other food is kept in the cow stables. The cows are groomed at least once a day, and the belly and bag are cleansed before milking. The feeding is managed with careful attention to the composition of the food and the proper proportions of the various ingredients. Pure water is secured and the cattle are not allowed to get at dirty water. The workmen wear suits of white overalls and caps, daily changed. The hands of the milkers are thoroughly washed and their nails cleaned before milking and frequently during the milking. The milk-pails are especially constructed so as to prevent dirt from falling into the milk, and

they are sterilized before using. The milk is handled with detailed care, strained, aerated, cooled with sterile appliances and put into sterilized bottles and carefully closed. No person who is ill or who comes from a house in which there is a contagious sickness is allowed to come to the stable or dairy. No milk is sold as clean milk after a certain number of hours have elapsed.

These, in a general way, are the methods of preventing contamination of the milk. These careful procedures are more or less thoroughly carried out in a number of dairies. It is not strange that those in which they are most perfectly enforced should be under the control, direct or indirect, of medical men or those interested in supplying milk which shall be satisfactory to them. It will, however, interest mothers to know that one of the successful experiments in procuring a "clean milk" dairy, that in the city of Buffalo, was, to a great degree, due to the energetic investigations of a mother who had been unable to procure a suitable milk for her child. Her aid was most valuable to the physicians, who ultimately arranged the details.

It is not to be supposed that good, "clean milk" can be cheap milk in the ordinary sense. Milk which is vended at four cents a quart must be sold by the producer at ten cents or less per gallon. Good milk, in the physician's sense, cannot be produced for that price. But cleanliness, if once organized, is not expensive, and really clean milk is profitably sold in some places at eight cents a quart, and none that we know of costs more than fif-

teen cents. The cost must vary with the distance of the farm from the place of consumption if the milk is to be delivered fresh, and also according to the size of the plant; large plants can be managed with a relatively smaller expense than small ones.

There is an opportunity in every town to procure clean milk by the energy of a few or even one interested mother. Those who go into dairy districts for their summer outing would do well to familiarize themselves with current dairy methods. If the dairies be those which supply the milk which is used by the investigator herself or her neighbors, so much the better. Those who do not leave home in the summer would do well to take an afternoon's holiday to visit the dairy from which their milk comes. Let them keep their eyes open as they would in their own housekeeping supervision. Let them be at the dairy at milking time, about 4 p. m. to 5 p. m. generally. Let neighbors compare notes and confer with the medical men of the town. It is remarkable how the general quality of the milk supply improves as soon as one dairy

has shown the way and proved that cleanliness is profitable. We believe that the dairyman no more is untidy from choice than was the surgeon in the pre-aseptic days. The untidiness was not recognized. In every community some dairyman can be found who will be willing to make the attempt to produce clean milk if he can count upon adequate support from his neighbors or customers. The first results will not be ideal, but an improvement. Better things come with experience and increased means.

Some may ask: "How shall I get clean milk for my child if I am obliged to get milk from one or a few cows under circumstances which forbid any control of the dairy?" We think the safest way is to make friends with the milker, to take to him a jar or jars or bottle sterilized or thoroughly clean, into which he will milk the amount you desire after a quarter or third of the milking is over. In this way that particular milk will be as clean as it can readily be made. If necessary, you can sterilize the milk in addition.



Brief Paragraphs Concerning Artificial Feeding and Nursery Hygiene.

The following hints will be found useful by mothers of young children:

The average stomach of a child at birth holds, when full, about two tablespoonfuls.

The increase in the size of the child's stomach is in proportion to its growth or weight.

The health and vigor of after life is undoubtedly laid in the first year by proper feeding.

Proper infant feeding usually makes muscular children with nerve force, not always fat ones.

When a food is substituted for woman's milk, it should contain only what nature designed, and in the same proportions.

Nature does not supply bread or crackers, or meat, or granulated sugar; and these should not be given to the infant.

Cow's milk, when properly prepared, furnishes a whole and sufficient diet for an infant, and supplies all its needs for robust health.

Fresh milk should constitute the principal article of food for the infant even after weaning, and during the greater part of childhood.

No infant under one year of age can easily digest cow's milk until changed; it is weaker in some things and stronger in others than woman's milk.

Failures in artificial feeding are chiefly due to three causes: First, overfeeding; second, the use of food which is either too strong or too

weak; third, the use of food which is changing or has already spoiled.

The following receipts will change cow's milk into food mixtures suitable for healthy infants up to one year:

Modified Milk for Infant Feeding.

(Made with one quart of bottled cow's milk. For the amount and number of feedings in a day, consult your physician.)

First 6 Months:—The top milk, cream, one-half pint; boiled water, one pint; milk sugar 700 grains.

From 6 to 9 Months:—The top milk, cream one pint; boiled water, one pint; milk sugar 900 grains.

From 9 Months to One Year:—The top milk, one and one-half pints; boiled water, one-half pint; white sugar, three teaspoonfuls.

Dissolve the sugar in the hot water, add the cream and divide in separate bottles, putting one feeding in each. Cork them with clean cotton.

To preserve the food from spoiling, set the bottles, filled and corked, to the level of the milk, in boiling-hot water for thirty minutes; a three-quart covered pail will answer.

One tablespoonful of lime water should be added to every gill of food just before feeding.

Regular habits, proper food and long hours of sleep are necessary conditions to a healthy infant.

The three prime essentials in the nursery are fresh air, good food and pure water.

Never put a bottle nipple into your mouth and then into the baby's mouth. This will often prove dangerous.

Always hold a baby in your arms when feeding it, in about the same position as if nursing it.

Feeding in the night after the third month is both inconvenient and unnecessary. Sleep at night is better than food.

Do not feed the baby because it cries; its restlessness may be due to pain, and it is hurtful to fill an infant's stomach at such a time.

Have a rule for feeding the baby and do not vary from it. Without regularity the mother becomes a slave.

More infants' lives are taken by over-feeding than by starvation. Never liken an infant's digestion or diet to your own.

An infant's thirst is not quenched by milk. It needs clean water to drink with regularity.

Plain boiled water given between feedings will often aid the digestion and satisfy the child when restless.

Vomiting or diarrhœa is an indica-

tion that the child is either sick or approaching sickness, and probably needs a physician.

Cholera infantum would be of rare occurrence if proper attention were always given to the quality and quantity of the food.

A nursing mother who worries, or is exhausted, or who indulges in excitement, may become a source of danger to her infant.

An infant is a creature of habit and usually responds to the wish of the mother, if the mother has order in her will.

Rubber tubes, complicated nipples and nursing bottles are dangerous and should never be used.

Light and loose clothing, frequent bathing or cool sponging are necessities for the infant in hot weather.

Cleanliness as applied to the body, mouth, the food, the vessels, the clothing, the furniture, the floor, the carpets, the beds and the atmosphere should be strictly observed.

As eternal vigilance is the price of liberty, so is eternal cleanliness the price of safety.

Birth-Marks.

The term *nævus*, or birth-mark, includes all those unnatural markings of the skin which are noticeable at birth or which appear soon afterward. The popular terms employed to designate such deformities are "birth-marks," or "mother-marks." Sometimes we hear the individual referred to as being "marked." Imperfections of development, such as hare-lip, cleft palate, supernumerary fingers and toes, etc.,

are not properly classed under the head of birth-marks, although the popular mind generally attributes them to the same cause.

Almost the first words which a mother utters after the birth of a child are, "Is it all right?" meaning is it deformed or marked. So common are birth-marks, and so general is the belief that they are caused by pre-natal maternal impressions, that

nearly all mothers are able to point to some circumstance which occurred prior to the birth of the child, and which to them appears sufficient to produce some physical imperfection in their offspring; hence their anxiety to learn the truth.

Birth-marks are exceedingly common. Children without some sort of a mark or blemish are rare. The spots may be so minute that for a long time they escape detection. Occasionally they are not visible at birth, but after a few weeks or even months they gradually appear and become prominent. On the other hand, marks distinctly visible at birth may slowly fade and disappear permanently. Such a happy termination cannot in any case be foretold.

Causes.

The causes of congenital marks are obscure. The medical profession is about evenly divided in its opinion regarding the ability of the mother to produce them. Some writers are able to cite instances which came under their personal observation concerning which the proof appears strongly in favor of this theory. On the other hand, we know that women have passed through periods of profound excitement, have been subjected to the shock of sudden accident, to severe surgical operations, and have witnessed horrifying sights without their offspring exhibiting a single imperfection or blemish. Notwithstanding this subject is periodically discussed in our medical journals, little, if any, headway is made in attributing a satisfactory cause to these imperfections. About all that can be said

of them is that they are the result of imperfect development, the primary cause being unknown in the great majority of instances. There is no doubt, however, that heredity, in some cases, may be accepted as the cause. I once removed a supernumary finger from the hand of an infant whose mother exhibited a scar on her own hand where an extra finger had been removed in infancy. The mother stated that her mother, grandmother and sister all had five fingers on the same hand at birth; the fifth finger developing in every instance from the second point of the little finger. I was able to confirm the mother's statement by an examination of the hands of all these persons except the grandmother's. The hereditary element here is too strongly marked to leave room for doubt.

Varieties.

Writers classify *nævi* differently. They may be described, however, under three distinct heads, viz.: pigmented, non-pigmented, and vascular. Dark-colored marks are commonly called moles, and when appearing on a level with the surrounding skin are called flat moles or *maculæ*, or spots. They consist of a superficial, circumscribed overgrowth of the pigment layer of the skin. They vary in color from a light gray to a mahogany brown, or wine color, and in size range from that of a pin head to the area of one-third or one-half the face. Another name for these spots is "port wine mark." The hair follicles over moles may be unusually active and produce an abundant growth of hair, in which case they are called "hairy

moles." Sometimes the thickening of the tissues may be so marked that they project considerably above the skin, when they form a wart-like growth of the variety known as the true mole. The sweat glands situated at the site of the mole may secrete an unusual quantity of perspiration, which is sometimes observed to be of a very offensive odor.

Vascular moles in their simplest form consist of dilated blood vessels. When tumor-like in character the blood vessels may present an exuberant growth, and the adjacent tissues are also thickened and overgrown. When the dilatation of the blood vessels is confined to the superficial capillaries of the skin they form bright red marks or spots, sometimes called spider-marks or fire-mark. This variety varies greatly in size, and may occur in one isolated spot, or there may be several of them in a cluster, when they are frequently said to resemble certain kinds of fruit, as grapes, currants, cherries, etc. When arteries are involved they pulsate distinctly beneath the finger, and when the ear or stethoscope is applied they give forth a murmur.

One form of vascular *nævi* is called the cavernous variety. In these tumors the walls of the blood vessels are partly absorbed, and the blood circulates freely in a net-work of spaces somewhat resembling a coarse sponge in form. This form is generally found below the skin, and the epidermal covering is often mottled.

Moles are generally found on the face, neck or ears. The common white moles, those containing no pigment, and consequently of the same

color as the natural skin, are nearly always found on the face, and unless very large do not to any great extent disfigure the countenance. Hairy moles are situated only on those parts of the integument which are supplied with hair follicles; the palms of the hands and the soles of the feet are, therefore, never affected by them.

The vascular varieties of birth-marks may appear on any part of the body, but not so commonly on the extremities as on the head, neck, face and trunk. Of these localities the face is the favorite site, especially for the simplest form, which affects only the superficial capillaries. Sometimes very unfortunate positions are occupied by them, as the tip of the nose, the lips, eyelids and ears.

Those affecting the arteries, usually classified as the arterial forms, appear to possess a predilection for the arteries of the scalp and face, particularly the upper lip, although other vessels may not escape them. The cavernous *nævi* may be found in the deep structures of almost any part of the body. Birth-marks not unfrequently are located on the mucus surfaces, as on the lining of the cheeks, gums and lips, occasionally extending from the skin to these localities.

Symptoms.

Most *nævi* present no special symptoms and are benign or simple growths. When irritated they may take on an acute inflammation, with extensive ulceration and sloughing. They may become cancerous, but such a circumstance is really very rare. Their ability to extend is well known and likewise greatly dreaded. The great majority of marks which

appear on infants at birth only increase in size to correspond with the development of contiguous structures. Smooth pigmented and non-pigmented moles usually remain stationary through life. The vascular varieties are more likely to spread. Very small marks at birth may grow so rapidly that in a few weeks a large surface is covered by them. It is also a well known fact that many *nævi* if left to themselves shrivel up and wither away. Warty and horn-like growths, and some forms of vessel tumors, have frequently been observed to terminate in this way. Growths which have remained quiescent for years will sometimes, without apparent cause, commence to enlarge and take on vigorous growth.

Bleeding from birth-marks is sometimes a prominent and dangerous symptom, and one which demands surgical interference. The cause of the hemorrhage may be trivial, as from the prick of a pin or any slight abrasion in the skin. Pigmented spots and pendulous moles when injured may bleed profusely. When situated on parts of the body where they are chafed and irritated by the clothing they frequently cause trouble from inflammation, and require treatment for their removal.

Treatment.

When birth-marks are situated in out-of-the-way and hidden places of the body they should ordinarily be left alone. If prone to enlarge, bleed or inflame, or are situated where the clothing irritates them, they should be treated or removed, as the judgment of the surgeon may decide. A very common, though ill-founded be-

lief prevails that if they are in any way interfered with they are very liable to develop into a cancer. Such a result, when observed, may not be justly attributed to surgical interference, since, when left to themselves, such a possibility may still exist. Most medical authorities are of the opinion that tumor-like birth-marks should be removed when practicable, to better avoid the possibility of their becoming malignant.

Considerable judgment is required to be able to always determine when and when not to make efforts at their removal. When marks are situated on the face, and are large enough to disfigure it, efforts should usually be made to destroy them or to render them as inconspicuous as possible.

It is a duty which parents owe their children who are unfortunately marked to relieve them, if possible, of what will certainly in after life render them miserable. Sensitive children very early learn the bitterness of their misfortune, and not infrequently, as a result of their importunities, they undergo treatment which is if had been instituted in infancy would have been a simple and gratifying task. Infants with marks about the face should in all cases be examined by a competent surgeon, who will decide whether a cure or an improvement of the condition can be effected. If an encouraging result is anticipated by him, parents should not delay making the attempt. Many persons are so much opposed to the use of a knife that they for this reason object to treatment. It is not always necessary to use a knife, but some small spots, and even larger growths,

can only be successfully removed in this way. The use of caustic necessarily leaves a scar, and the surgeon must determine whether that will be an improvement over the existing deformity. Marks or moles which take on an inflammatory action should be removed at once. Pressure, galvanism, setons, ligatures, hypodermic injection and other methods are suc-

cessfully employed in removing nævi. The surgeon must choose his own methods and parents should faithfully carry out the details in every case to insure good results. It is never wise to put off an operation until a child has advanced in age. The younger the child the better the result in most cases.—*K. E.*

Nursery Problems.

F. L., Manhattan.—The breakfast should consist of the cereals with milk. At noon time a mashed baked potato (it must be most thoroughly mashed), with salt and butter, and an egg or a little meat, with some bread and butter and stewed fruit or milk pudding, should constitute the dinner, and the supper should be very plain, of bread and milk, crackers and milk, and the like. Fresh, sound fruit may be given every day. This frugal diet should be continued through babyhood, a greater variety of vegetables being given as the child grows older. "No pastry or cake" is a safe rule by which to go.

B. R., Lewiston, Me.—Do not neglect any disorder of the child's bowels, whether it shows itself as diarrhœa or constipation. Do not leave this to the nurse, but inspect the stools yourself so that you can inform your doctor as to their character. If the stools are not normal consult your physician. An acid diarrhœa is a frequent excitant of eczema.

D., Clarksville, Tenn.—Until you see a physician keep water away from any eruption. It is extremely probable that any skin disease that develops on an otherwise healthy baby will be eczematous in character, and water always makes eczema worse. In fact, too vigorous devotion to cleanliness will irritate some skins.

M. R., Burlington, Vt.—We can recall no case in which the relation of cause and effect was clear. Thus, while rupture may be produced in almost any one, it is most commonly produced in those whose abdominal apertures (the inguinal and femoral rings of the anatomists) are less well protected than in others. Again, while we think that a normally constituted infant would very rarely, if ever, rupture himself by crying if the abdomen were free, he can easily do so if all the elasticity of the middle part of the belly is destroyed by a tight girdle, as the "band" often is when tightly applied. It becomes then a point of resistance, the pressure of any strain is concentrated upon the

bottom of the belly, and rupture is favored.

R. S., New Bedford, Mass.—The symptoms described in all probability depend upon the irritation of the "stomach teeth" which are in process of eruption. There is every reason to suppose that they will subside as they did after the appearance of the "eye" teeth. In the meantime, however, the symptoms can be relieved by proper medical treatment.

G. O., New Britain, Conn.—Oatmeal is not always recommended, at least by BABYHOOD. Barley water is usually suggested when no constipation exists. A great many babies are constipated, and for them oatmeal is usually suggested, as it is slightly more laxative than barley water. The composition of both barley and oats is thought somewhat preferable to wheat.

F. L., Brooklyn, N. Y.—In the beginning of mild cases of bronchitis, before the physician is called—if the bowels are constipated or the tongue coated—a dose of castor oil is advisable. A warm bath is one of the most effectual of all remedies. One word in regard to the mode of giving the latter. Have the room warm; undress the child under a blanket, cover all parts of the body with water as warm as can be comfortably borne. Have the tub covered with a blanket, in which carefully envelop the child afterwards. Ten minutes' time in the bath is generally sufficient. Cover the little one warmly and carefully, and encourage free perspiration for two hours. When the breathing is labor-

ious and the cough annoying cover the chest, back and front, with warm flaxseed poultices, frequently changed. Make them light, keep them warm and moist. Relieve the thirst by iced milk in tablespoonful doses. When the physician arrives he will prescribe the necessary medicine if any be needed. The syrup of ipecac can be given by the mother, in small doses, if the cough is dry.

I. N., Mansfield, O.—The desire to pass urine often comes suddenly, especially to a child absorbed in play, and very likely he does not know in advance of his needs. It would be well to examine the foreskin to see if any local irritation, such as tightness, redness or the like exists. The restless sleep may have somewhat to do with the urinary difficulty.

L. M., Newport, Ky.—The bowels should not be allowed to remain inactive for so long a time as three days. We think he should have a daily movement, by suppository or enema if necessary. The enema may contain a little glycerine, as frequently suggested in BABYHOOD, or a teaspoonful of molasses if more convenient. In a child of the condition of health you describe, probably daily gentle rubbing of the abdomen, rubbing upward on the right side and down on the left, would somewhat relieve the constipation.

S. R., Del Rio, Tex.—Many of the symptoms can be relieved by simple domestic measures. To prevent taking cold from the excessive perspiration, the baby may wear soft, ab-

sorbent, wool garments close to the skin, and they must be changed frequently. A sponge bath of vinegar and water, one part of the former to six of the latter, daily, will help to check this perspiration and act as a tonic to the skin. It can be used night and morning.

F. P. S., Brooklyn, N. Y.—There is no evidence produced of kidney trouble, nor is its existence probable. In return we would ask, is there any local (external) irritation which causes the frequent passage of urine? Has she seat worms? Is she warmly enough covered at night? All these points must be looked to.

D., Oil City, Pa.—The frequency of feeding is about right. He may be getting teeth. They often appear as early. But the drooling has no particular connection therewith.

C. R., Carthage, Mo.—So far as we know no such influence has been noted. It was once believed that the planting of the encalyptus tree in some ague-ridden regions—like the Campagna—would lessen the prevalence of the fever. But this was hoped for not from the antiseptic power of the oil, but from the great power the rapidly growing tree had in absorbing moisture from the soil. Here again, however, we have heard nothing for perhaps ten years, and we do not know of any experiment of importance.

M., Mount Vernon, Ill.—The giving of the breast for a shorter time at each nursing, and, if your breasts are not uncomfortable, the lengthening of the

interval, would be the natural remedy for the state of affairs described.

A. M., Syracuse, N. Y.—A child of five months usually—*i e.*, on an average—will not need more than $5\frac{1}{2}$ oz. at a meal, if seven meals be given, perhaps less. Your child has as much food as suffices for most children of from eight to nine months. Still, no apparent disturbance has followed this large amount of food, unless it be the restlessness at night, and we do think it likely that the sleep would be quieter if one bottle were omitted in the day. The other trouble we do not think would be the worse for the child's sitting up. Recurrence is common enough, but from causes inherent in the state of the blood vessels rather than from position.

M. L. S., Boston.—In any individual case the result will depend upon the roughness of the voyage, the sensitiveness of the person to seasickness, and perhaps, above all, upon the degree of what is known as uterine irritability in the particular patient. No one can know this but her own confidential medical adviser. Many persons bear the ordeal unharmed; others experience disastrous results.

G. D., Manhattan.—If you mean fresh rennet, that is, a solution made by soaking the calf's stomach in water, you should have only the natural digestive acids of that stomach, which are *not* harmful. If you refer to some manufactured preparation we are unable to answer.

F. R. B., Brooklyn.—The disadvantage of postponing vaccination (aside from the special risk of infection taken, which is diminished just in proportion as your neighbors live up to their duty in this matter) is chiefly this. The older the child the more active it is, and the more likely to injure and irritate the point of vaccination and to infect it with some other matter (from finger nails or elsewhere), and so change a perfectly harmless affair into a possible serious one. As to your "horror," we can say nothing, as sentiments cannot be argued about. But we can say in all seriousness that the arguments against doing things on Friday because it is unlucky are much more convincing than the arguments urged against vaccination. To our mind, neglect of vaccination, unless a child have some illness or other disability, is distinctly wrong. There is no particular time which is preferable to have it done, but as the skin is more likely to be irritated in very hot and very cold weather we should perhaps elect the milder seasons; but the time to have it done is when your physician has good fresh virus on hand.

Young Mother, Lead City, Dakota.
—Probably the pain is neuralgic, but we have too little upon which to base an opinion.

A. V., Elmira, N. Y.—The essential reason why children cannot have the variety of food accorded to adults is that their power of digestion is slowly acquired and (in our judgment at least) is most thoroughly developed when a great deal of time is devoted

to the acquirement. The order of development of the various organs of digestion gives reasons why a certain order of feeding must be followed. And after the organs are developed, practical experience of the various forms of indigestion shows that the functional power of these organs is gained only by degrees.

D., LaPorte, Ind.—Symptoms attending astigmatism are frequently very troublesome cases and cause a great deal of annoyance, discomfort and actual distress. Fortunately, the majority of patients can obtain relief and also have their sight materially improved. The various manifold complaints of far and near-sight are also found here, and usually are more severe, obstinate and painful. Astigmatic patients do not see well near by or in the distance, and are often considered near-sighted, as they are compelled to hold the book very close to the eyes to increase the size of the image, in order to make up for its indistinctness. They suffer very often and severely with headaches, dizziness and even nausea, and there are a number of indefinite nervous complaints that indicate great irritation from the constant strain to see distinctly, or the sufferers simply complain of a "flickering" before the eyes or that a shadow appears on a part of all the objects. In fact, the majority of eyes have a very small amount of astigmatism, but so long as it causes no inconvenience and does not interfere with the vision, glasses are not necessary..

F. S., Henderson, S. C.—Probably the child has a hernia of the navel.

There are many trusses that will control the hernia without affecting the digestion; indeed, we do not believe that any properly fitted truss will affect the digestion. But a truss should not girdle, but make its pressure upon the place where the protrusion appears. Until you can procure suitable truss a small, smooth pad may be worn under the knitted band.

G. P., *Leavenworth, Kans.*—It is not important. The child cannot be submerged very well so long as the naval dressing is on, but the band may be removed for the sponge bath and replaced.

F. D., *Chicago.*—Graham meal is not better than, nor as good as, oatmeal, as a rule. It is hardly worth while to abstain from oatmeal unless it actually does irritate the skin.

M. O., *San Antonio, Tex.*—It can only be told by the results. If the consumer of the milk escapes disease it was not *necessary* to sterilize. But we would say that it is probable that if you control your milk supply—including care of cow, its stabling, care of the milk and all—you are safe. The amount of simple filth which is separated from ordinary milk by the centrifugal separator is appalling. The germs of known diseases which may, and not so very rarely do, infect milk are those of tuberculosis, of scarlatina and typhoid fever. Other diseases are less frequently conveyed by milk. In addition, there is a good deal of harm by the bacteria which cause the ordinary spoiling of milk, and which set up bowel troubles, and rarely it is

true, the terrible poison *tyrotoxin* sets up a vicious choleraic disorder.

M. L., *Derby, Conn.*—As you state the case—perhaps unintentionally in an *ex parte* manner—we do not see that the necessity of change of breast was made out. When we recommend the change to a wet-nurse the presumption is that we are to change to a very good one—a presumption, unfortunately, not always sound. In our own searches we sometimes succeed promptly, sometimes only after many trials, or even then indifferently.

F. R., *Hackensack, N. J.*—As to your child, supposing that you are correct in considering his general health perfect, and assuming that this nocturnal restlessness is of recent appearance, the first thing we should think of would be the irritation of the “six-year-old molars” which may be coming. Next, we should inquire into his dietary and especially as to his evening meal, and should examine as to the existence of phimosis. In any event we do not think that a well conducted kindergarten could do him harm and, if the nervousness is not excited by any recognizable and removable cause, it would probably be of advantage to him.

L. D., *Gouverneur, N. Y.*—It is not easy to correct habits such as your baby has, who certainly is very exacting. He sleeps when he likes, and nurses, apparently, when he likes—*i. e.*, “some nights he nurses all night.” The last habit is particularly mischievous for him and for you.

L. V., Rochester, N. Y.—Do not change the breast milk while it is good and abundant, nor, unless it is scanty, would we add any other nourishment before autumn.

F. P., Hammond, Ind.—"Farina" may mean any flour, but as the word is generally used in commerce in this country it refers to one of the numerous preparations of Indian corn which receive trade names much according to the fancy of the manufacturer, but somewhat according to the fineness of the combination. Thus, to choose a few names, samp hominy, farina and meal represent increasing degrees of fineness; farina is finer than hominy.

G. S., Charleston, S. C.—Left to itself, with no attention paid to correcting indiscretions in clothing, the rash of prickly heat may continue indefinitely, successive crops appearing after the disappearance of preceding ones; and, as a final result in mismanaged cases, an eczematous nature may be acquired and the likelihood of cure greatly lessened. Such results are, however, only possible in extreme cases; ordinarily the proper care being taken, the rash may disappear as suddenly as it first came, within a few hours, and leave absolutely no trace of its presence. Or, it may gradually fade away, the place of the small elevations being taken by very small brownish spots upon the skin; and these in a few days fade out entirely. It can scarcely be mistaken for any other condition, especially if one finds, as is usual, that the temperature in which the child is enveloped is excessive.

J. R. O., Portland, Ore.—If you can get nothing you can make something which will be much better than letting alone. The essentials of a home-made truss for umbilical hernia are a pad and a belt. The pad should be of such shape as to press into the navel without distending it. For this purpose we have used half of a musket-ball or a piece of cork of the same shape and size, and better still, perhaps, is a convex button of hard rubber or horn which has a very smooth surface. The projecting hemisphere should be fastened to a piece of sheet-lead or of hard rubber, if you can get it, as large as a dollar or larger. This being applied to the navel, a flannel bandage is put over it. It is best to make holes in the margin of the lead or rubber plate, so that it may be stitched to the bandage. It is to be understood that these domestic advices are not urged as preferable to a well made and well-fitting truss, but as useful substitutes when the former cannot be had.

E. D., Goldsboro, N. C.—We have very often expressed our belief that any eating between meals is harmful. In answering another question in this number we once more allude to this point. The two articles mentioned are undesirable at least, but if you wish to indulge the child with them you should at all events insist absolutely that everything be eaten at a regular meal, and then only after wholesome food has been taken. We believe that he would then eat more than "fairly well." But in any event the prompt interruption of the between-meal vice will do your child more good than a

little, and save you much anxiety and some doctor's bills by and bye.

may be increased, each one taking the place of a nursing.

B. M. P., Brooklyn, N. Y.—There is no particular way to break your baby of his crying or going to sleep. "Going to sleep at the top of his voice," as we once heard it called, is a common affliction. We remember one child who always resented the idea of being put to sleep. The only really successful relative was one who held him upon her knee at arm's length and jolted him until he fell asleep upright; in this position he apparently did not recognize that he was being put to sleep. We relate this not as a rule, but to show that ingenuity alone can succeed in some cases. At seven months he may have a meal daily, to begin with, of artificial food, and gradually the number of such meals

R. M. D., Denver, Col.—The "milk leg" seems to have progressed as favorably as such cases usually do. The trouble in the breast is generally serious as far as the supply of milk is concerned. Although a breast which has "gathered"—*i. e.*, in which puss has formed and has been evacuated, sometimes again resumes its work of furnishing milk, this is not the rule. Such a breast is generally better allowed to dry up. If the second breast runs the same course, you will probably be obliged to depend mainly, if not wholly, on artificial foods for the nourishment of the baby. In any case the baby should not have undiluted cow's milk.

The Mothers' Parliament.

Our Babies.

"Out of the abundance of the heart the mouth speaketh." What wonder then that mothers love to talk of their babies? And what more natural than that they should talk of them to each other in their official organ—BABYHOOD?

Fortunate it is that these hearts of ours are elastic. Joys, one after another, enter our lives and fill them, it seems to us, full to overflowing, and we think we can never know greater happiness than the present affords; but better gifts come, and life grows deeper and richer, and our hearts sing a gladder song than they have ever sung before, and each new experience,

if we are living aright, leads us on to higher knowledge, truer womanhood, nobler life. I know not what may follow it; what some of you in your wider experience may have found above it; but if there is any joy greater than that of having your very own baby come into your house and begin to live his life, dependent upon your love and care, I shall have to grow larger before I can hold it.

The air is full of theories about the training of children. We feel, sometimes, as did Grandmother Badger, in "Old Town Folks," that "one live child knocks them all to pieces." Yet not *all* to pieces, for the scientific study of child life and the resultant

changes in the system of their education furnish ample proof that Fœbel and otherwise and practical theorists labored not in vain. But as we try to apply their and others' ideas in training our own little ones, let us adapt the theory to the child, not warp the development of the child by forcing it to conform to principles evolved from a study of nature perchance the opposite of itself. Let us remember that the wise mother, one whose instinct has become insight, can trust much to her own intelligence and wisdom inspired by love to mold the character of the life placed in her keeping by method rather than by methods.

Happy the mother whose little one is born with a sound, strong body! She has given him a legacy beyond expression. And the baby's mind! What shall we do with that? Books upon books are written for the enlightenment of mothers upon that subject. Psychologists are busy the world over explaining the development of the baby's mind, but while scientists are teaching, and mothers are learning, Baby himself goes his way serenely and develops his mind, slowly but surely, in the old-fashioned way.

Let Baby's mind alone at first, and allow it to unfold gradually and naturally, but when it begins to manifest itself there is much for us to do. Would that we always encouraged the efforts of the building minds and were wise enough to busy the little people with thought and occupation so successfully that "do" might crowd "don't" out of our vocabularies, and we might secure that far broader development which comes from positive,

rather than from negative, training. Let us simplify our richest thoughts so that the little minds can grasp a suggestion of them, and, above all, let us teach them to see the world about them and think for themselves; to use their senses intelligently even in babyhood; to control the will and give delightful freedom to the affections. How easily the little ones learn this lesson of affection! What more winsome than a baby's happy smile and soft caress? Happy the loving mother who lives in such sunshine! Easy her task to turn her child's affection into loving service and unselfish devotion. In these and other ways can a true mother sow the seeds of purity and moral health, for a sound body under the control of a sound mind is in little moral danger. If, by our example, by our play with them, by our sympathy with their joyousness, we teach our little ones to be full of sunshine and true merriment, are they not safe?

Can we teach them all this in babyhood? No, not all of it; but it is so hard to tell where babyhood ends and childhood begins, and youth and manhood follow so imperceptibly that we are safe only by beginning to teach all the truths at once, giving tiny lessons at first, but letting lesson follow lesson so logically and naturally that the task will never seem too hard nor the thought too deep for the mind that has been well trained from babyhood.

How much tenderer is the house when the new life has become a part of it! The father and mother find their love for each other deepened and enriched by their love for their child, and a new inspiration to be their best is born in them. Consistency, more

perfect self-control, broader culture and unselfish devotion become their desire, and the newly acquired dignity often adds an expression that neither has worn before.

"I used to watch her girlish head
 Bent over her work, the sunlight
 stole
 To touch her wayward hair, and
 spread
 A soft encircling aureole.
 She looked so slight, so innocent!
 I thought, at twenty-one or so,
 With all sufficient self-content,
 I knew so much she did not know.

But now at twenty-four there lies
 Such wisdom won of joy and pain,
 Deep shining in her quiet eyes,
 As I may never more attain
 I might not learn it, if I would,
 This strange, sweet thing she under-
 stands,
 It came to her with motherhood,
 And tiny touch of baby hands!"

The older children, too, are richly blessed by the babe's coming to dwell among them. They learn a new unselfishness, a tenderer love; and the added responsibility and giving of themselves in loving service to the little one has an influence which nothing else can give. And in our homes, in the world outside, father, mother, sister, brother, and all, will be better because of the precious baby, for "a little child shall lead them."—*M. E. T.*

Quantity and Quality.

Some writer has been bemoaning the disappearance of the "big families" of the good old times of our

grandmothers, and wondering why this is thus. Is it not because the world has progressed so that parents now see that quality is of more importance than quantity? In olden times most men were intemperate and not amenable to reason nor acquainted with self-denial; women were all brought up on the St. Paul doctrine that submission to their husband was the greatest virtue in the calendar, and that their sole mission on earth was to increase and multiply the inhabitants thereof. The mother of fifteen children! Think of it, oh ye merciless! Fifteen times should this "weaker vessel!" endured the tortures of which no mortal man could ever dream the misery, and a whole lifetime of the most self-sacrificing work that is known to the world; then a coffin, and, perhaps, someone to say in eulogy, "She was a good woman, and I do feel to be sorry for John Smith. With so many young ones he will have to marry again, like as not." And "like as not" he does.

Suppose Mrs. Smith had only two or three children, she could be with them herself to train them, could direct their studies, take part in their recreations, receive their confidences, and be an all-round mother, such as children truly prize. What woman with a large family of children and a baby always in her arms has any opportunities for attending to the many wants of childhood and youth? If she can, by hard and ceaseless toil, keep them physically well cared for, she does a great work; that she should be friend and companion to them in their lives is out of the question. Some of them will, in after life, dwell ten-

derly on the delightful cookies she could make, perhaps, but they can never remember a day in the woods with mother, or a quiet evening talk with her alone, one of those heart-to-heart talks which bring mother and child together. Some great physicians say that no woman who has borne fifteen children can retain her mental balance; because it would be a wonder if she did. Let the big families of the past rest in peace, and give us the smaller family, where the mother is not a machine, but a dearly-prized and well-cared-for individual, and where the children are bright and happy and look upon father and mother as two dearly loved comrades, rather than the awful parents who our grand-parents were wont to be.—*L. W. B.*

The School Age.

"When shall we start our little ones in school?" is a problem difficult for many to solve. But the sensible parent who has made a study of human life and achievement will settle the question readily. There is little to be gained by sending a child to school early in life. But, on the other hand, much is lost. This does not refer to the kindergarten, which, when really good, is an admirable institution. But by the term school I mean the public school where all sorts and conditions of humanity are brought together.

It is right and just that the child be allowed to come in contact with other minds and persons and influences than those at home, for only in so doing will character be strengthened. But let this experience not come to him until his conscience is awakened and he is able to a certain extent to know

right from wrong, to choose the best. It is certainly an injustice to send a delicate five-year-old out in the great world to fight his little battles, to suffer his little woes (wrought by older and coarser boys, perhaps), away from mother-love and care. Soon his baby-sweetness gives place to a bolder expression and behavior. Innocent prattle and slang are interspersed. "Bad" words, wholly unintelligible to him, are uttered frequently. Low ideas are put into his head, ideas which will never be forgotten.

Aside from the effect upon the moral nature of the child, the intellectual side is to be considered. There are very few children whose mental capacities are such that they can endure the strain of constant application to letters from a tender age, without suffering for it afterwards. True, many parents find it gratifying to their vanity to see the infantile mind eagerly responsive to the demands made upon it, giving brilliant answers with astonishing quickness. But, alas! this brightness will not stay. It is not always true that early precocity means early decay, yet in many instances this is the case. Almost invariably they who manifest unusual bookish propensities at five years old in a public school grow weary before reaching the fourth room. The brain has endured too much of a strain for the physical system, and brilliant first grade pupils have become but ordinary, perhaps even dull third and fourth grade pupils. Many teachers will bear me out in this assertion. Read biography and you will learn that some of the greatest men the world has produced were

almost hopelessly dull during the early years of life. Therefore, do not think because your Tommy and Annie are not unusually precocious that they are doomed to stupidity. Some flowers unfold slowly.

I would not speak disparagingly of the public school. It is a glorious institution. And this intermingling of high and low, the refined and uncultured, is often the very making of the rich as well as the poor man's child. But see that your child is old enough to realize something of the import of this new life ere he enters it, else the very influences which might better him may do harm instead.

If convenient, instruction may be given at home for the first two or three years. If it be withheld until the age of seven, so much the better. But from very babyhood keep before your child by precept and example a lofty ideal of manhood, urging him at all times to be helpful and truth-telling. Thus, when he enters public school life, he will have learned that he must be brave to choose the right and scorn the wrong in the face of public opinion, the opinion of his own little world.—*E. K.*

A Runaway and a Cure.

A stylishly-gowned, sweet-faced young girl peeped in at the parlor door when Mrs. Westlake was entertaining a caller.

"Mamma," she said, "I'm going over to Lou Dempster's for a little while."

"Very well, dear," said mamma, with a smile, and then, in response to her caller's inquiry, "Does Mildred

always tell you where she is going?" replied:

"Yes, I do not think she has ever failed since we had a short conflict, years ago, when she was a mere baby, a conflict in which I came off conqueror. She was much given to running away, and had caused me hours of anxiety and worry. I had tried different means of punishment, but to no purpose. One day she was missing, and search was made for her all over town, but she could not be found. There was a river on one side of us and the railroad on the other, and as the hours passed I became thoroughly alarmed. Just as I was about to start on another search, she came leisurely into the yard, led by another child, who had found her down by the post-office, a good mile away.

"It was sometime before I could trust myself to speak, then, after thanking the little girl I gave Mildred her dinner as if nothing had happened. After dinner, however, I called her to me and began to undress her, then calling Bridget, I said:

"'Here, Bridget, take Mildred's dress and boots up to the attic and pack them away. It may be that some other little girl will need them some day.'

"Mildred looked up with wide-open eyes.

"'Why, mamma, what I goin' do?' she lisped.

"'You are going to be a little bed girl now, so that mamma will know where you are. Let me tell you: You are the only little girl mamma

has, and when you run away, as you did this morning, you make mamma very, very unhappy, so unhappy that mamma cried,' and the tears were even then dropping on her little nightdress as I fastened it around her baby throat.

She looked at me thoughtfully for a moment, and then allowed me to put her in bed without resistance. I kissed her, then locked the door and left her alone. At tea time I took up her supper, then left her again until her usual bed time came. Then I went in, heard her say her prayers as usual, kissed her, and retired for the night.

"In the morning I didn't hurry with her breakfast. It was fully nine o'clock when I went in to see her with a cheery good morning. She was sitting up in bed, and it was evident that the time had seemed long to her. That was my intention, but my heart was very sore all the while. Her lip quivered as she ate her oatmeal, and she asked:

"How long must I stay here, mamma? Isn't I ever to get up again?"

"Bless her dear heart; that brought a lump into my throat, but I answered steadily enough:

"You're to stay in bed, dear, until you can promise me that you will never run away again, that you will never go anywhere without coming to mamma first to get her consent.

"She looked at me seriously with her large blue eyes, and then, after finishing her breakfast, she lay down without a word, and again I left her.

"The moment I entered the room

at noon with her dinner she burst into tears, and throwing her arms around my neck, as I placed the tray in front of her, she cried:

"Oh, mamma, I'se so sorry I made you feel so dreffly. Let me get up, and I'll promise you neber, neber to run away again."

"And from that day to this she never has."—G. A.

Truthful and Untruthful Children.

I once knew a lady, the mother of quite a large family, who said she believed that all children were naturally liars. While this is certainly not true, and while it is true that children are born with a tendency toward truthfulness or untruthfulness according to the amount of moral courage they possess, still it would appear that a good deal can be done to cultivate truthfulness in children of a rather timid moral nature, or the opposite result may ensue from a wrong course of discipline.

I once knew a little girl who from her infancy showed a tendency to conceal anything wrong which she had done. She was a gentle, affectionate child, and but for the one fault of sometimes fearing to tell the truth, had a most lovely character, being particularly unselfish and thoughtful for others. For fear of fostering this tendency, unusual care was taken to give her more moral courage. Her word was seemingly never doubted unless absolute proof of her duplicity existed. She was never punished, except in the mildest manner. Indeed her lovely temperament made few punishments necessary. At length,

by degrees she began to gain confidence, and she became in time quite truthful.

In another family I knew of a little boy whose mental and moral characteristics were not unlike those of the little girl referred to, but who, by quite an opposite course of training, developed a very strong tendency to screen himself behind a falsehood. His mother, a most estimable woman, was very rigid in her discipline, though I do not think she was severe in her punishments. I was once calling upon her when she related to me this little incident: It seemed that among a multitude of rules and regulations it was her custom to require her boys to save all the buttons which came off their clothing during the day, put them in their pockets, and give them to her to sew on in the evening. One afternoon when little K—— came in from school his mother noticed that a button was gone. She asked him if he had it in his pocket, and he replied that he had. In the evening, after he had gone to his room, she called to him to bring the button to her to sew on. He did not come down, so his father, a genial, kind-hearted man, went up to see what was the matter.

He found the boy crying, while he confessed that he had lost the button, that he had not told the truth to his mother about it, and that now he was afraid to go to her and explain. The lady herself admitted that she had overstepped the bounds of wholesome strictness.

It has often seemed to me that parents are prone to neglect the cultivation of truthfulness in their chil-

dren, while other less manly qualities are encouraged studiously. I remember once going to a place of resort, and being much struck by the polite and affable manners of a little girl of seven or eight years. Indeed, in politeness she quite put to shame my own little daughter of nearly the same age, but it afterward appeared that she was a most untruthful child, and further developments showed that she was not always polite, as she was very rude to some people whom she considered socially inferior.

The discipline of some schools has a direct tendency to encourage untruthfulness. Although the severe punishments once practised in schools have long since fallen into a merited disuse, still there are many institutions where an intricate and artificial set of rules and requirements does almost as much harm. I know of one boarding school where the girls are forbidden to have sweetmeats or other eatables in their rooms, although it is well known to the teachers that boxes of good things are constantly being sent to the scholars, and the contents eaten in their rooms. As a matter of course, these little fêtes, quite harmless in themselves, are carried on in a very surreptitious manner, and many petty deceptions practiced—all to no purpose except to evade the teachers, who are in reality not deceived.

Let us, as parents, be strictly truthful and consistent in our daily relations with our children, scorning to avail themselves of even the slightest prevarication, and let us encourage our children in every way to have the courage of their convictions and to

speak the truth, the whole truth, and nothing but the truth.—*G. B. L.*

The Good Old Times.

The article in a recent *BABYHOOD* on large families, while it has doubtless a grain of truth in it, does not seem altogether fair to our good grandfathers and grandmothers and the children of olden time.

It is true that the large families of those days must have taxed the strength of mothers too much, sometimes, but it must be remembered that living was a much simpler matter then than it is now, and much that taxes the strength of the modern mother was unknown then. It was a hard life doubtless, but not without its joys and compensations, I am sure, and the tired mother sat down to her knitting in the clean kitchen, with its sanded floor, with much the same satisfaction that mothers of to-day sit down to reading or fancy work. And the children, were they not as good as the children of to-day? Who shall say they were not? Perhaps in mental development they were behind, but in physical strength, sturdy goodness and prompt obedience, might not our children learn from them many valuable lessons?

I would not wish the world to go back to those days, for we must hope and believe that the world is growing wiser and better. Yet there was something beautiful in those large families, and it is to be hoped they are not altogether going out of fashion. By large families I do not mean simply fifteen children, but brothers and sisters bound together by real true affection for parents and each other,

and I believe the parents of those children were as dear to them as are the parents of to-day to theirs. The relation was different, doubtless, because parents had not learned then how great a blessing it is to live not only for their children but with them, to be to them sympathetic companions, as well as the reverend parents. We do not want the old-time iron rule, but we do want obedience as prompt, and we do *not* want to do too much for our children. An overtended plant wilts quickest, and the world in its reforms is like a pendulum and ever swings to the opposite extreme, and now the parents and teachers, too, are apt to do too much for the child and leave too little to individual growth and thought. Let us not err on this side, for we want our boys and girls to be strong and self-reliant men and women, as well as finely educated and accomplished ones.—*M. F.*

The Baby's Will.

What shall be done for the baby? Some mothers, nay, most mothers, who give thought to the baby's welfare, give especial prominence to the subject of dress and diet, but while we recognize the great value of a thorough knowledge of each of these departments in the study of the care of the baby, we cannot fail to see the necessity of more attention being given to another department in this study, namely, the care of the baby's *will*.

No person who gives thought to this subject can fail to see that the training of children in one family more adequately prepares them to live wholesome lives than that received by

the children of another. The child whose will has been educated from its earliest babyhood has fewer temptations when it arrives at mature life than the one whose will has not been thus trained, for temptations come from within, as no less an authority than the holy writ assures us.

Huxley pointed the way when he said: "That man, I think, has had a liberal education, who has been so trained in youth that his body is the ready servant of his will."

There are mothers willing to lay down their lives for their children who leave this part of the child's intelligence to the mercy of his body, thus allowing that noble faculty to degenerate into self-will, or, as we say, wilfulness, which means that the will is the servant of the body—a condition entirely at variance with the best development of the baby physically, mentally or morally.—*L. A. H.*

The Advantage of Home Instruction.

I was interested in the article on the age at which children should be sent to school. It seems to me a subject of importance, and I offer my experience.

When our oldest boy was through with kindergarten work it was naturally expected that he would enter school. He was then seven years old and very fond of reading. I had taught him to read when he was five, as a pastime, and had chosen all his books, aiming to get only those which were simple, interesting, useful and well written, so that at the age of seven the reading habit and I might add a taste for good literature were fixed. When our physician found

that he was to enter school he advised strongly against it, saying the brain was not ready for work until it was eight years old, that a child should do no *studying*, *i. e.*, no fixed lessons before that age. He said the brain was like a plant. To be strong and healthy it needed time, and that forcing was always an injury. We took his advice, and that year seemed to run to waste, except for the reading done when resting from play. But the doctor's wisdom was proved in the result. Entering school at eight years, with clear head and strong body, he was put in a class whose members were all older than himself, and easily kept up with them, being now at sixteen thoroughly prepared for college. With the next boy we pursued the same course, only by the doctor's orders I did not teach him to read until he was six. He is coming on in the same class at the same age.

I would like to impress mothers with the importance of the work they can do between kindergarten and school.—*M. J. L.*

Training in Kindness.

It has been proved in our family training that the power of example is more effective on the little ones than precept can possibly be. As an aid in this good work I always enlist the interest of the older brothers and sisters. For instance: Little Merlin only two years old would often toss his pet kitten on the floor and sometimes hurt it. His older sister tried in every way possible to teach him to be gentle with it. He liked to imitate his sister, and soon we could see a change in the treatment of his pet.

His kitten was jet black, and one morning of his own accord he brought a red braid from his mother's work basket and tried to fasten it around kitty's neck. Sister tied it in a pretty bow, and thus adorned, his pet seemed to have a new attraction for him. He was very gentle with it all day, and for many days thereafter he would search every morning for a red ribbon for kitty's neck.

One day Merlin ran away barefooted to the huckleberry bushes at the foot of the garden. He came back crying, with an ugly brier in one of his little fat feet. He was a brave little hero, and allowed his mamma to pick it out with a needle. A half hour later he was found intently examining the claws in his kitty's feet; a sad expression rested on the thoughtful little face as he carried his pet to his mamma, saying:

"Poor kitty—bier—foot; mamma, fix it."—*E. C. S.*

A Nut Not Hard to Crack.

I called upon a lady friend a while ago, and found her in despair, on account of her fruitless efforts in training her two-year-old boy. I asked her if she took *BABYHOOD*. "No," she said, "I don't. I did take it, but it only discouraged me the more to read of model ways of training and managing children, and to find myself and my baby so far in the rear. I had plans and methods and theories in mind before baby came; I had opinions and views about governing; I taught in a primary department of a graded school for years before I was married, and really thought I knew something about my prospective

work when I left the schoolroom for the building of a home. But my baby is an exception to baby-kind; I don't think that magazine ever had any such to deal with. I can't do anything with him and he is a constant source of mortification and vexation."

Master Reginald was busy meanwhile demonstrating the truth of his mother's assertions. Some curtain poles had just been delivered and stood in the hall; he pulled them down with a crash and began tearing the wrappings off. His mother took them and placed them beyond his reach. His eye caught sight of the boxes containing the "fixtures"; his hands were immediately upon them. They were taken away from him amid stamps and screams. The door leading into the front yard stood ajar; like a flash he darted away, his mother after him, on a full run. She had not more than seated herself, out of breath, than away ran Master Reginald through the rear of the house again into the yard; whereupon, the chase was repeated. This time she held the captive fast in her arms. "You do seem to have a busy time of it, with your baby," I said, and out of compassion for her very soon took my departure.

Master Reginald accompanied his mother when she came to return my call. He went with my little one, two years his senior; into the next room, and we heard nothing from them while we "visited," or rather while she poured out her "tale of woe" about Reginald and her inability to control him.

"He runs away constantly," she said. "We keep the gate fastened—

tied so he can't open it; but he will climb the fences separating our yard from our neighbors. Yes, baby as he is, he will scale the fence like a cat; those pickets are round on the top instead of pointed, and are no hindrance at all. He will climb over the successive fences until he finds a yard with a gate open, then he is off like a shot. The electric car line is so near that I am in mortal dread when he is out of sight, lest he be run over. I have frequently chased him that distance. And then he will go to the front door of the houses in the vicinity, whether they are total strangers or not, and ring the door bell; you may know what a vexation it must be on their part and what mortification it is to me, for really Reginald's pranks are the talk of the neighborhood."

"Another thing I must tell you," continued this despondent mother, "is the trouble I have with Reginald about using his nursery chair—I am ashamed to mention it, but I must speak of it to some one. I don't know what to do with him. I have worked faithfully a solid year, and all to no purpose. I have tried every way I know to teach and train him; my last resort is spanking. I spank him every day of his life, but it does not seem to make a particle of difference with him; he is as thoughtless as ever; indeed, I can scarcely think it a result of thoughtlessness, it seems more like defiance. He just seems determined not to use his chair." I suggested various ways out of the difficulty, but nothing seemed practicable or to the point in her estimation.

She called to Reginald, his hat and

cloak in hand, and said it was time to go. The side door was open. Reginald was not ready to go—he darted out through the door, through our yard on to the neighbor's, his mother after him. She caught him; he threw himself on the grass, but finally "stood up like a man" and had his wraps put on. When they passed out of the gate, Reginald was minded to go in the opposite direction from that leading to his home—there was another chase up the hill before they finally were fairly started on their way home.

I bring this case to the "Parliament," hoping suggestions may be offered which may serve to lessen the bondage of this young mother by showing or pointing out to her better ways. It is mostly "activity" which "ails" the boy, it will be claimed; granted, but what is wanted is a method of harmonizing cases of activity with the environment when said environment is a small city lot with only a few feet front.—A. F.

A Plea for Dirt.

Dear mothers, do lock up pride in your hearts and let your little ones play in the *dirt* while weather permits. I know a great deal has been said in BABYHOOD of the advantage of the sand pile, and theoretically we approve, but all around me this past summer I have seen so many children cheated out of a good time that I would plead for more liberty still.

One of my friends has a little boy of two summers. She is very handy with her needle, and all his little life he has been dressed beautifully—dainty feather-stitched dresses, shirred crêpe caps and pretty cashmere cloaks.

But about all the fresh air that came to him was while riding in state in his baby carriage, decked in these same fine feathers; so I was pleased one day to hear that a load of sand had been bought for him, and my children were invited to come and share the fun. But pleasure was turned to pain on accepting the invitation to find that "Archie really couldn't play in it, he got *into* it so, and the sand went all over his hair, into his shoes, and his face would be covered with the fine dust—really 'twas too dreadful!" A dark gingham dress, close-fitting cap and bath at night would offset these difficulties; and the little petulant boy would not need so many to wait upon him or have half so many grievances, if his fond mamma could only have given up her pride in his good looks.

Then there is a little girl nearby—a delicate, nervous creature, small and pale, who has to steal *her* fresh air by driving with her mamma in a stylish turnout, or simply sitting on the veranda—always with her pretty white dresses, with puffed sleeves and unruffled hair—but oh, what a pity!—losing all that close contact with mother earth which her system needs.

But why look at my neighbor's children for illustration, when I have erred myself? For during the first of the summer, I put my own darling boy of seventeen months under pretty much the same discipline. I had a large square of carpeting put on the veranda, and a soap box filled with sand; and after his long noon nap and dinner of oatmeal and porridge I would put on a clean white dress and expect him to keep it presentable. For a while, the plan worked well,

but alas! his bigger brother of five years had the liberty of the whole yard, the gravel in the driveway—yellow gravel I grieve to say it is—the nooks and corners everywhere where plenty of shovelfuls of earth could be found, and was the little one to be deprived of *his* liberty? He gained freedom several times by lying flat on his stomach, at the head of the steps, then backing and sliding down, thoroughly cleaning them as he went, but shaking a "good-by" to me with his hands as he glided on. So I gave in to him, and until five o'clock he was allowed to play in full sight of passersby, in a dark check gingham dress, made short, with no white skirts to soil underneath.

It was an effort to me to see him thus, especially when callers came—somehow we don't mind when they are no longer babies—but the reward came in merry shouts of laughter, bright sparkling eyes, lips that would look red in spite of the begrimed face, a vigorous appetite, and sound sleep at night.—*P. C.*

A Fisherman's Net as a Nursery Device.

Before seeing the inquiry in a recent number for a safety crib-rail, I was about to write you of a contrivance of mine for keeping a lively baby down in the crib. My little daughter began last summer, at eight months old, to get up and lean dangerously far over the rail of her bassinet, when laid down for her nap. She was too young to listen to persuasion, and after trying in various ways to induce her to lie still, I hit upon a device which has been in use ever since,

and has been of the greatest comfort.

We were at the seashore, and I had a fisherman net for me a seine of strong, heavy twine, with meshes about two inches square. One side of this was tied securely to one side of her bassinet, and when she was laid down it was brought over and fastened to the other side by means of ordinary wide rubber bands and large hooks. These latter are quickly adjusted, which is an advantage; but strings could be used. The net was made only a little larger than the top of the bassinet, which stands firmly on four legs. It could be fitted to a crib just as well, provided the sides were not too low, in which case they might have to be built up a little. But the superiority of the use of the net over a crib of even very high sides without it is that the child can not get up to "roam about." My baby made a little resistance to her net at first, but very soon accepted the inevitable. The result of its use is that, after I lay her down for her nap, or at night, I can leave the room with an assured feeling of her perfect safety. In her case the net acts as a sedative. As soon as it is put over her, she composes herself for sleep. The net should stretch nine or ten inches above the face, or so that the child can not sit erect.—*P. P. B.*

Sick-Room Distractions.

When Ethel was seven years old the doctor announced one day that she had the scarlet fever. Great was the consternation in the family, for mamma was just recovering from a sickness of several months, and had returned but two days before from the hospital after an operation. The cook had been taken sick the day be-

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fore and gone home, and faithful Hannah, baby brother's nurse, had never had the scarlet fever; besides she must take care of eight-months-old baby brother and four-year-old Margery, and do the cooking till a new cook arrived, which would not be likely to happen while the fever was in the house. No unoccupied nurse could be found in the village, so what was to be done? There seemed no way but for mamma to do the best she could, with papa to aid by taking the night care of the little sick girl. Fortunately the attack, while serious enough, did not prove alarming, and the other children did not have it.

In a week Ethel could very well sit up in her little bed and amuse herself, and now mamma's ingenuity was taxed to keep the little girl quiet and occupied during the tedious month that she was convalescent and must be isolated from the rest of the fam-

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ily; at the same time mamma must give herself rest enough so as not to have her strength give out. Ethel herself was quite an inventive genius, which greatly lightened mamma's labors. After Ethel had had the contagiousness of the disease explained to her and the danger to brother and sister, she would not allow a single plaything brought to the room, because she was attached to her things and didn't want them burned, and she was conscientious and would not have anything she had used kept, lest sister and brother might be made sick. So first mamma had brought to her a bunch of kindergarten colored paper squares, some old newspapers, a pair of old scissors, a pasteboard soda cracker box, and Ethel sat up in her little bed and made boats and boxes of the colored squares, and cut fancy patterns out of them, and cut out letters and pictures from the newspapers, besides all sorts of fancy patterns and paper dolls, putting everything at night into the soda cracker box ready for the next day. Soon she had cut from advertisements enough large letters to make a game of letters. They were cut with a square of the paper around them, and when the little girl

and mamma were resting, she would lie on one side of the big bed and mamma on the other, with the letters spread out, wrong side up, between them, and play "geography."

It is played this way: One player turns over a letter and says "land" or "water" as she chooses, then both try to think of a body of water or land, as the case may be, beginning with that letter. Whichever names one first has the letter. When they get several letters, they form words with them and the one who gets ten words first, wins the game. There are plenty of other variations of the game, but that was our favorite. Of course mamma sometimes secretly favored Ethel a bit, as her knowledge of geography was confined to what she had picked up from others.

In a few days Ethel had so many things cut and made and was so much better that we played store, with beans for money; with the cup of beans she played separately, too, pouring them into different things and arranging them in various ways. It is the custom here to hang May baskets on May day, so Ethel set herself to inventing new styles of May baskets, making them out of newspaper, with

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the intention of imitating the prettiest ones in tissue paper when she got well. She also made paper flowers of various kinds, with the aid of needle and thread. After a few days there were so many baskets and flowers, paper chains and various things that we decorated the room with them. Of course there was always drawing for an amusement.

Reading she did not have much of, because she did not want her books destroyed. So there were only stories in papers available. Her dolls she would not have, but mamma got a little china one which, if boiled thoroughly, could safely be kept, and the making of clothes for it occupied many hours happily. A ten-cent game of dominos, too, afforded a good deal of amusement. Then whittling was introduced, by papa's whittling a little boat for her, putting up real sails, and explaining to her their names. Having this ship destroyed was a great trial to Ethel, and the only thing she was not willing to agree to.

At twilight mamma often told stories of her girlhood or repeated poetry, of which they were both fond. Then, too, there was always (when both were tired and must lie still), a game that mamma used to play in her childhood. Ethel would name some letter which was the first letter

of some object in the room; then mamma would guess what the object was. When she had guessed it then it was mamma's turn to name a letter, or if mamma had to give it up Ethel would have another turn. The last few days, when Ethel seemed quite well again, but it was not yet safe for her to be with brother and sister, the idea of a paper doll house occurred to mamma. So Ethel put a chair in a favorable position, and pinned newspaper around the sides and back for walls, having the seat of the chair for the roof, and pinning a piece of paper across the rounds for the floor of a second story. She creased a long strip of paper for stairs between the two floors and made furniture and dolls to occupy it, and when finished it really was almost too cunning to destroy. So though that was burned, she constructed a similar one for little sister Marjory as soon as she was out of the sick room.

Thus the time in the sick room passed away without being as tedious as might have been supposed, and mamma had rest enough, and was not much the worse for her enforced nursing.—*M. F.*


Nursery Helps.

Here are some of the simple devices I have used to keep my eighteen-months-old boy busy and happy. His toys are classified and arranged in neat boxes, and he has a number of picture books. In his boxes are clothes-pins, blocks, balls of various sizes and colors, bright bits of velvet ribbon, large buttons, nuts of various kinds, a large-mouthed bottle, a number of pennies, etc. In the morning Baby usually amuses himself between breakfast and his ten o'clock nap, so I have only the

afternoon to plan for him. When I take my book or sewing for the afternoon I give him one of his boxes. He builds high towers of his blocks, and to-day when he seemed tired of that I stood them up in a row and called them men (each block has the picture of a soldier on one side), then I tipped them over, and told him to make some men. He did so enjoy doing it, and I was interested in noting his puzzled face when he got one of them wrong-side up. After a time his interest seemed to decrease, and then I told him to put all the blocks in the box and he should have a new box. He did it gladly, and brought the box to me. I put it away and gave him another, and he was happy for another half hour. He very much enjoys the large-mouthed bottle, and he puts in and pours out again and again the pennies, acorns, beans, buttons, etc.

A pack of picture cards gives him much pleasure, and he goes over and over them, saying "boo-boo" to the dogs, and "babie" to the children. Another thing that amuses him is a pin-cushion and a dozen large glass-head pins. He pounds them vigorously in and laboriously pulls them out, and he has never given any trouble by putting them in his mouth. The box of clothes-pins and a strip of cloth tied between two chairs keep him busy hanging out imaginary clothes for a time. The "solitary railroad" described in a previous number of *BABYHOOD* has been reproduced in miniature, and with a dozen walnuts for "trains" he has many a happy minute. A ball suspended from the chandelier and a flat piece of board for a bat please him mightily.

His picture books were carefully selected and contain bright colored plates and some illustrated simple stories of animal life. I tell him these



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stories, and at the same time show him the pictures. I have noticed that he goes over the pictures again and seems to enjoy the conditions represented. One of his favorite books may be of interest to those who cannot afford a linen book. It is made of paper cambric and has advertising cards and pictures from the *Cosmopolitan* and *McClure's* pasted on it. The leaves are held together by a cord, and all tied into a binder. This makes a not unattractive book, and one that restless hands cannot tear, and so avoids the undesirable habit of destructiveness that is fostered by cheap books.—G. R.

A Rainy Day.

"Raining again!" I exclaimed as I raised my head from the pillow and listened to the steady drip, drip. "What shall I do? The children

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will be shut in the house all day and that awful ironing on hand, too. But it won't help the matter to grumble; one has to bear these things, I suppose."

Of course, I was discouraged before beginning my day's work, and when the children appeared there was no cheerful word to set them right, and as one of them said, with tears in her eyes, "Oh dear! I'm so sorry it's a stormy day; for we were going to have so much fun under the big tree," I took up the strain.

"You can't be more sorry than I am. I suppose you'll all try what mischief you can get into to-day, for I've that basketful of clothes to iron and I never knew it to fail but you'd exert yourselves if I'd anything special to do."

"I'll take care of Mame and Fred," said Elinor, who forgot her own disappointment in pity, which I felt was altogether undeserved, for my annoyance.

"I shall be very glad of your help," I answered, smothering my ill-temper as I went to work. The breakfast things were soon washed, and everything in readiness to commence ironing; but the first sheet was barely folded and hung upon the rack when little Mame fell with her doll. A broken arm for dolly and almost a broken heart for Mame was the result. I looked desparingly at the huge pile of unironed clothes, then cried:

"Go along with that doll, for pity's sake! If you could keep one whole for five minutes it would be a blessing. Take it to Elinor; she can fix it as well as I can."

Elinor tried most faithfully, but failed. Mame cried and cried, until in sheer desperation I stopped and tied up the broken arm. By that time the irons were cool and the fire almost

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burned out. The fresh coal was slow to heat, and by lunch time only half a dozen plain pieces were finished. I hurried through luncheon and placed the dishes on the kitchen table, determined to get the benefit of the irons while they were hot; but no sooner was I well at work than Mame's jumping rope pulled a pitcher from the table; the crash brought me to the spot, but not in time to save Elinor who, in her anxiety to catch the pitcher, lost her balance and fell upon one of the broken bits, cutting her hand and frightening us both. Fred in the meantime had upset the syrup jug while trying to reach some twine from the pantry shelf, and this proved the last featherweight I could bear. Elinor's hand was wrapped up, Fred reduced to a more presentable condition and then we all indulged in a "good cry." Fred, Elinor, Mame and myself all wept in sincere sympathy with each other and pity for ourselves.

At this juncture I heard a light rap, the door opened and Mrs. Herril, my neighbor, appeared.

"I didn't wait for any ceremony," she said, "for it's raining as if it never rained before, but I wanted you to have some of these biscuits; raised ones, you know. Why, what are you all crying about?" I hesitated to

How Can I Cure My Catarrh?

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How the Throat is Affected by Atrophic Catarrh.
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Troublesome Sneezing.
"Dropping in the Throat."
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Cautions in Using Sprays.
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Importance of Thorough Cleansing.
A Good Oil Spray.
When the Treatment Should be Interrupted.
A Stronger Solution.
When a Specialist Should be Consulted.
A Treatment for Excessive Secretions.
Treatment of Dry Catarrh.
Treatment of Atrophic Catarrh.
How to Use the Douche Bag.
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enumerate my woes and she continued, taking in the situation at a glance, "I know exactly what you've been doing! You got up tired, it's a dreary day and you've tried to do an unusual amount of work. The children have been awfully troublesome——"

I smiled through my tears as she paused, for the picture was true to life.

"Now, my dear," she went on, "put that basket away. I don't believe in giving advice, but I've learned two or three things by actual experience. The wisest thing any mother can do, when she awakens tired and out of sorts and hears the patter of the rain outside, is to consider how little she can possibly manage to do on that particular day. There's always mending on hand, or some such work, that may be accomplished while you are cozily ensconced in the pleasantest corner of the sitting room. Let the children bring their playthings into this same cheerful nook and you will be able to watch them and take a good many stitches beside. They will appreciate having a day with mamma, and instead of dreading the inclement weather that compels them to stop indoors, they'll soon look forward to a rainy morning as the harbinger of a red-letter day. If several stormy mornings follow each other, adhere to the same plan for the day and take a couple of evenings for the ironing after the little ones are asleep, and both you and the children will be the better for it."

I had scarcely time to thank her when she was gone, but the sunshine she brought with her still remained. Fortunately, the next day was fine and the ironing completed without difficulty, but ever since that memorable afternoon I have worked according to the plan suggested by my kind-hearted

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neighbor, in whom I had the fullest faith, as she has the most cheerful, happy family I have ever known.

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